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PROCEEDINGS OF THE
TENTH ANNUAL CONVENTION
OF THE
Nurses' Associated Alumnae
of the United States

HELD IN
RICHMOND, VIRGINIA

May 14, 15, and 16, 1907



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117 Alumnae Associations,
21 State Associations,
137 Delegates,
193 Votes.

THE PROCEEDINGS OF THE TENTH ANNUAL CONVENTION

RICHMOND, VIRGINIA, MAY 14, 15 AND 16, 1907

Tuesday, May 14, 1907

Two P.M.—The president called the convention to order.

Prayer was offered by Rev. Dr. Robert W. Forsyth.

Address of Welcome by Hon. A. J. Montague, ex-Governor of Virginia:

MADAM PRESIDENT AND LADIES: I have been commanded by the committee on arrangements of the nurses of this State to speak a word of welcome to this National Association. It is a very difficult thing to do. I am quite sure that your welcome has already been realized at the hands and from the hearts of the resident nurses of this Commonwealth. I imagine that I was asked to convey this expression to you because it was thought in some way that I had a very concrete conviction as to the merits and importance of the profession of nursing, not only of America, but of the world. I think one cannot read of the progress of medicine in the last century, especially in the last half century, unless he concurs with me in the conviction that perhaps of all the contributions for the benefit of mankind, medicine has given us no greater than the handmaid or adjunct of the doctor, the trained professional nurse of this day. I beg that I may read a statement by Dr. Osler. I had occasion to use once an article of his upon the subject of the progress of medicine, and in it I recall this, which I made a note of just before coming into this presence:

“The physician, in the trained nurse, has an assistant who carries out his directions with watchful care and who is on the lookout for danger signals, and enables him to estimate the progress of a critical case from hour to hour. The intelligent, devoted women who have adopted the profession of nurse are not only in their ministrations of public benefit, but they lighten the anxieties which in large part form the load of the busy doctor.”

That is the testimony of the Doctor. Mine would be, if you please, that they lighten not only the anxieties, but the distresses which form so large a part of the ills of the patients in the world.

I think the convention of Geneva, in 1863, which the United States, by reason of war, was not able to participate in, in full, gave the guaran-

tee to the Red Cross nurse; and now there is no civilized country but realizes the utility, efficiency and humanity of that great organization; and perhaps the growth and efficiency of the organization is due more largely to the training of nurses than to anything else; in fact, without that the organization must soon go to pieces. Therefore, ladies, it is in no insincere but imperfect way that I make this welcome. We are very glad to have you in Virginia. We think, in our provincialism, that this is a good place to come to, even if it is sometimes a good place to go from.

Virginia may be divided in opinion with some states of the union, but we have never been divided in affection for the states of the union. So this oldest American Commonwealth, which has witnessed so much that has gone on since we began the foundation of our system of civilization, we think is a very good place for you to come back to, and help us realize the great progress we have made in the world. I repeat, if you please, that we cannot so well say welcome, as we can do the welcoming; in other words, hospitality is not so much a matter of speech as a matter of deeds. I feel quite sure that you have been made to feel at home.

I hope your deliberations will be profitable; I am sure they will be harmonious. You do not disturb your patients, and I do not see why you should disturb one another. You have an allaying, mollifying effect upon them, and I do not see why the science of your profession cannot be carried into your deliberations. I say this, however, with no anticipation that there will be anything other than harmony.

May I say one word, as desultory as my remarks may be, in conclusion. Nursing has as much to do, I think, with the curing of disease, as medicine, and there are no nurses in the world except women. None of us who remember our mothers, and none of us who are under the dominion of our wives, can say otherwise, or would say otherwise. It is not the glove, but the hand that gives the comfort. It is not only the hand, but the spirit back of the hand; it is the genius of woman, which brings into the sick-room that which the tossing patient longs for, and those of us who have had concrete sense of her ministrations, as I myself have had, cannot only welcome this Association to this state, but can wish it well the world over. You have come into life in our day, not only as a great profession, if you please, but a great institution.

I hope your stay will be pleasant, and I hope that the nurses of this state may be able to make you feel far more welcome than I can, but not more welcome than I wish that I could.

THE PRESIDENT.—We feel ourselves indeed a National Association when we can claim twenty-one states in our organization and almost twelve thousand members, and we feel that the responses to the address of welcome should be

given by representatives from different parts of the country. I have the pleasure of calling first upon Miss Sophia F. Palmer, of Rochester, New York, who began her career as a nurse in Massachusetts, but who is now claimed by New York, in whom we all feel interested as the editor of our National Journal.

RESPONSE TO ADDRESS OF WELCOME

By MISS SOPHIA F. PALMER

MADAM PRESIDENT, EX-GOVERNOR MONTAGUE, AND LADIES: There has never been a time in the history of our profession when it has been so necessary for us as individuals to stand solidly together for those essential principles which we believe are right and just for our development in the future as to-day. We naturally at this time turn back to the history of this Commonwealth of Virginia, and the colonial history of the whole country, and it seems to me that we, in our profession, have passed through our pioneer period. Perhaps, like the colonists of three hundred years ago, we have been sustained under new and hard conditions by the inspiration and enthusiasm which has always been the telling force in any great movement. Like the Virginia colonists, and the Massachusetts colonists, we may disagree sometimes among ourselves on unimportant matters, but we have reached the point now when, like our colonial ancestors, we must stand solidly together for what we believe is justice for the nurses in the future, and there must be no wavering. There is no such thing as division in the nursing body. We have no north and no south, no east and no west; we stand together, and we must stand together for those plain principles which we feel are right. It is impossible to come to this locality without receiving inspiration for the work which is before us, from the atmosphere of this historic state, from its beauties, from the cordiality of the reception which is being accorded to us. We thank you, Mr. Montague, for this cordial welcome which has been extended to us by the people of Virginia, through you, as their representative.

THE PRESIDENT.—Michigan claims our next speaker, and I have much pleasure indeed in introducing to you, Miss Sarah E. Sly, of Birmingham, Michigan, our inter-state secretary, who has agreed to respond for the middle states.

RESPONSE TO ADDRESS OF WELCOME

By MISS SARAH E. SLY

Birmingham, Michigan

MADAM PRESIDENT AND FELLOW-MEMBERS: The cordial welcome which we have received since reaching this beautiful city assures us of the comfort and pleasure which you have anticipated for us. I know I voice the sentiments of every member present when I say that these gatherings mean far more to us than I can possibly express, and each time we go away inspired anew to better and better work. After our pleasant session in Detroit last year, it is most gratifying to the nurses of the middle states to come to Virginia at this time and enjoy the hospitality which only southerners know how to extend.

THE PRESIDENT.—There was a time not very long ago when an Alumnae Association at the Illinois Training-school represented the western borders of our constituency. Now we have several states further west affiliated, including the State of California, in which we hope to have our next meeting. Miss Helen Scott Hay will speak for that far distant state; at present Miss Hay is connected with the training-school in Chicago, but she has been long identified with the work in California. We will take much pleasure in hearing from her.

RESPONSE TO ADDRESS OF WELCOME

By MISS HELEN SCOTT HAY

MADAME PRESIDENT, OUR GUESTS, AND THE MEMBERS OF THE ASSOCIATED ALUMNÆ: Though somewhat disconcerted at the sudden summons to respond for California's share in this meeting, I am sure that I am very glad of an opportunity to speak for the western nurses—the nurses of the Golden West, the west beyond the Rockies. We have no traditions in the west and little history, but we are all possessed of that indefatigability and imperturbability that have been so conspicuous in the development of the country and in nursing affairs as well. There are few leaders of experience to direct us onward and forward, but there is a determination to make history ourselves if we are given time. So I am proud indeed to respond for the western nurses, to tell you that though, so far, you have all the traditions and all the history of the work that has been done in the east, some day we shall come forward with the work we have done, to which we have been inspired by such meetings as

this. We respond with great appreciation and deep joy to the welcome which has been accorded us by the people of Richmond and the members of the Associated Alumnae of Virginia.

Wednesday, May 15, 1907

MORNING SESSION

Roll-call.

Report of the secretary.

MADAM PRESIDENT, MEMBERS: On Friday, June 8, 1906, at ten o'clock, a meeting of the board of directors of this Association was held at the Young Women's Christian Association, Detroit, Michigan. Miss Damer, president; Mrs. Gretter, second vice-president; Miss Davids, treasurer; Miss S. E. Sly, and Miss Nellie M. Casey, secretary, were present.

According to our by-laws, the board of directors appointed the following members to serve as an executive committee for the ensuing year: Miss Nutting, Miss Riddle, Mrs. Gretter, Miss Davids, and N. M. Casey. (The president being an ex-officio member of all committees.)

The following committees were appointed:

Arrangement Committee.—Miss Elizabeth R. Preston Cocke, chairman, to choose her associates.

Publication Committee.—Miss De Witt, chairman; with Miss Davids and Miss Casey.

Eligibility Committee.—Chairman, Miss Anna E. Brobson; with Miss Ida Palmer and Miss Reiba Thelin.

The secretary was instructed when sending out application blanks to ask for a copy of the training-school curriculum.

Program Committee.—Miss Walker, chairman; with Miss Brydon, Miss Durkee, Miss Cooke, and Miss Lillian B. Waterman.

Committee on Ways and Means for Acquiring Journal Stock.—Miss Anna J. Greenlees, chairman; with Mrs. Robb, Miss Goodrich, Miss M. A. Frederick, and Miss M. E. P. Davis.

A meeting of the executive committee was held on September 18, 1907, at the club rooms of the Bellevue Hospital Alumnae Association, New York City, at two P.M.

There were present Miss Damer, Mrs. Gretter, Miss Davids, and N. M. Casey. Miss Walker, chairman of the program committee, was also present.

A motion was made by Mrs. Gretter, seconded by Miss Davids, that one hundred dollars be paid to the secretary as salary for the past year.

The program for the meeting to be held in Richmond was discussed. It was decided that at the next convention the services of a stenographer would be dispensed with and that responses to addresses of welcome would be made by representatives from the different sections of the country—California, middle west, the centre, and the east.

It was suggested that registration of delegates and paying of annual dues might be begun the evening previous to the first day's session and continued the following morning, that one session be devoted to state work and that section meetings might be held on district work, private work, and school work.

A question box in charge of Miss McIsaac was also decided upon. The secretary was instructed to arrange for transportation rates for delegates to the Tenth Annual Convention.

A meeting of the board of directors was held on Wednesday, February 27, 1907, at the Hotel Rittenhouse, Twenty-second and Chestnut Streets, Philadelphia. Present Miss Damer, Miss Davids, and N. M. Casey. The secretary was instructed to write to Miss Cooke, of San Francisco, California; Mrs. Hunter Robb, Cleveland, Ohio; Miss McIsaac, Miss Palmer, and Miss Riddle, to ask them to be prepared to say a few words in response to the address of welcome at Richmond, Virginia. The secretary was also instructed to have five hundred copies of each of the amendments to the by-laws printed.

The program of the coming convention was gone over, but in the absence of Miss Walker, chairman, was left for her approval.

The applications of the Alumnae Associations of the John N. Norton Memorial Infirmary, Medico-Chirurgical Hospital of Philadelphia, and Northwestern Hospital, Minneapolis, Minnesota, were favorably endorsed, also the state associations of Connecticut and Kentucky.

On Monday evening, May 13, 1907, a meeting of the board of directors was held at the Hotel Jefferson, Richmond, Virginia, at eight-thirty p.m. Miss Damer, Mrs. Gretter, Miss Davids, Miss Sly, Miss McIsaac, and N. M. Casey, present.

Of the twenty applications for membership received from alumnae associations, seven were favorably recommended, eleven were not approved, and two were held for further investigation. Five State Associations were endorsed.

There was some discussion regarding eligibility of permanent members, and it was decided that delegates who have attended three consecutive annual meetings, since the Philadelphia meeting, are entitled to vote so long as they remain in good standing in their organizations.

Respectfully submitted,
NELLIE M. CASEY.

THE PRESIDENT.—You know we have had permanent members always, who have been former delegates to our conventions, and at the meeting at Philadelphia we thought it was only fair that the permanent members who had been attending regularly and showing an interest in the Association's work, should have more of a voice in the discussion, and should be entitled to a vote. Those delegates who are permanent members are now entitled to vote at this convention, and may receive their permanent membership cards and badges from the treasurer, which entitle them to vote as long as they are members in good standing in their local organizations. If there are no objections, the secretary's report will stand approved.

REPORT OF TREASURER OF NURSES' ASSOCIATED ALUMNAE OF THE UNITED STATES
1906-1907

RECEIPTS		DISBURSEMENTS	
Balance on hand, April 30, 1906—General Fund.	\$726.80	Expense of Convention—1906	
Balance on hand, April 30, 1906—Journal Fund.	75.00	Printing	\$13.48
Initiations	55.00	Reports	55.10
Alumnae dues	862.70	Rent of Hall	55.00
State Association dues	70.00	President's Expense	31.30
Sale of reports	12.50	Treasurer's Expense	22.50
Subscriptions to Journal Fund:		Secretary's Expense	48.00
Graduate Nurses' Association of the		Miss Lucy Walker—Program 1907	10.00
District of Columbia	\$100.00		\$235.38
Graduate Nurses' Association of Virginia		Expense of Executive Com. 1906-1907	62.90
Orange Training-school	25.00	Nellie M. Casey—Salary as Secretary	100.00
The Alumnae Associations of the University of Pennsylvania, Farrand Training-school, Brooklyn Homeopathic Hospital, Illinois Training-school, Massachusetts State Hospital, Hospital of the Good Shepherd, University of Michigan Hospital, Indiana State Association, Toledo Hospital, Kings County Hospital, Brooklyn Hospital, St. Luke's Hospital (N. Y. City), John Hopkins Hospital, National Homeopathic Hospital, Massachusetts Homeopathic Hospital, Columbia and Children's Hospital, Jewish Hospital (Philadelphia), St. Luke's Hospital (Chicago), New York Hospital, Garfield Memorial Hospital, each, \$10.00	200.00	For Annual Dues (2 years) American Federation of Nurses	300.00
Miss L. L. Dock	3.00	For nine shares of AMERICAN JOURNAL OF NURSING stock:	30.00
		Four shares from Journal Fund	\$400.00
		Five shares from General Fund	497.00
		Cash on hand, April 30, 1907—General Fund	\$420.30
		Cash on hand, April 30, 1907—Journal Fund	30.00
			450.30
		Examined and found correct.	\$2,171.98
Dividend on Four Shares of THE AMERICAN JOURNAL OF NURSING Stock	12.00		
Interest accrued on Bank balance	355.00		
	14.98		
	\$2,171.98		

May 4, 1907.
(Continued on next page)

BYRON HORTON,
Auditor.

(Continued from page 805)

RESOURCES

Cash on hand—General Fund.....	\$420.30
“ “ “ —Journal Fund.....	30.00
Fourteen Shares AMERICAN JOURNAL OF NURSING Stock	1,400.00
	\$1,850.30

ANNA DAVIDS, R. N., Treasurer.

Those associations contributing more than \$10
each to the Journal Purchase Fund have been:

Graduate Nurses of Virginia.....	\$25.00
Orange Training-school Alumnae Association...	15.00
Graduate Nurses of District of Columbia.....	100.00

The contributions from the Jewish Hospital Alumnae Association, Philadelphia; Kings County Alumnae Association, and Garfield Memorial Alumnae Association, are their second; these associations having contributed like amounts last year.

The report of the treasurer was accepted.

THE PRESIDENT.—You will remember that we appointed at our last meeting an Inter-state Secretary to take charge of the state work and bring it into co-ordination, and be of help to the different state societies that are organizing.

Miss Sly's report will give you the result of her year's work. She also has much literature on the subject of State Registration, which I am sure will be of help to many delegates.

REPORT OF THE INTER-STATE SECRETARY

Reports from affiliated associations are as follows:

1. The California State Nurses' Association which was organized in 1903 has been active, and has accomplished much considering the depressing circumstances under which they have worked during the past year.

In 1904 the *Nurses Journal of the Pacific Coast* was published as a quarterly under the auspices of the California State Nurses' Association. In 1905, the Association assumed entire control and each member was then entitled to the *Journal* which is supported entirely from annual dues and advertisements.

The year 1905 was devoted almost entirely to work on the Bill for State Registration, which was vetoed by the Governor in 1906 on the grounds that it was unwise to establish another commission.

During the same session of the Legislature, another Bill was drafted and passed successfully. The administration of the law (which was accepted reluctantly) was placed in the hands of the Regents of the University of California. No action having been taken by the Regents a working plan was submitted by the Association in April, 1906. This plan provided for the administration of the law to be left to a committee of seven of which two were to be physicians from the staff of the University of California and five nurses from which an inspector of training-schools would be appointed.

Before any definite steps had been taken the terrible disaster occurred. The outlook at the present time, however, is very much brighter and it is hoped that the law will soon be enforced.

Miss Genevieve Cooke, editor of *The Pacific Coast Journal*, has been especially active in securing the hearty coöperation of the nurses of the coast in the interests of the nursing profession and the *Journal*.

Colorado.—Through the efforts of the Denver Trained Nurses' Association, the Colorado State Trained Nurses' Association was organized in 1904. To Miss Louie Croft Boyd is due the credit of having successfully engineered the legislative work and of having secured the passage of their Bill in April, 1905.

The following amendments became a law on January 14, 1907:

1st:—That the majority of the nurses of Colorado being already registered, every six months was considered often enough for the board of nurse examiners to meet.

2nd:—That the time for registration without examination be extended to April, 1909, to benefit those who are now in training in Colorado rather than those who are already in the field.

3rd:—That all nurses who had served in the army or navy of the United States, and having been honorably discharged, are entitled to register without examination.

The Association has just become affiliated with the Colorado State Federation of Women's Clubs. Five hundred and fifty-seven nurses have registered in Colorado while the State Association membership is only eighty-seven, but strong appeals have been and are being made to the nurses of the state to further the work of the organization. A code of ethics has been adopted and it would be well if other State Associations would follow. The fact that women have the ballot in Colorado is a great factor in their success in securing legislative enactments.

Connecticut.—The Graduate Nurses' Association of Connecticut which was organized in 1904 has a membership of two hundred and seventy.

The first year was largely given up to preparation for the legislative work and a Bill for state registration became a law in May, 1905, with very little opposition.

The board of examiners consists of five graduate nurses who have had at least eight years' experience and who are residents of Connecticut.

Four hundred and thirty-seven nurses have been granted certificates of registration. Meetings are held quarterly and are well attended. The interest in all topics pertaining to the nursing profession is more general.

District of Columbia.—The Graduate Nurses' Association of the District of Columbia has enjoyed an active year with a fair addition of new members.

Two social functions of special interest were given during the past year. One hundred dollars was raised for the San Francisco nurses by means of a tea given on the lawn of the Garfield Memorial Hospital. The Association also gave a fair in the Hotel Victoria parlors. A tea room proved attractive and profitable, the net proceeds being one hundred and sixty-two dollars.

In February, 1907, one hundred dollars was presented to the Associated Alumnæ for the purchase of stock in THE AMERICAN JOURNAL OF NURSING.

The Bill for state registration which had been amended several times during the winter to meet the demands of the district commissioners, passed both Houses, was signed by President Roosevelt and became a law on February 9, 1907, to the great relief and joy of the Association.

The board of examiners will consist of five nurses, to be selected from a

list of ten names submitted by the Association and from nurses in private practice only.

On December 1, 1906, the Association opened a central registry for graduate nurses, which has been quite successful, one hundred and twenty nurses having enrolled. It is in charge of a graduate nurse and a relief nurse. The Bill is now in effect.

Indiana.—The Indiana State Nurses' Association held its fourth semi-annual meeting in Evansville on April 3 and 4.

During the year ten dollars has been pledged for the Hospital Economics Endowment Fund at Teachers College, Columbia University, and ten dollars for purchasing JOURNAL stock.

The membership is now one hundred and forty-six, and more than six hundred nurses have registered since November, 1905.

The first attempt to change the Indiana bill was an amendment presented at the instigation of the Lutheran Hospital of Fort Wayne, and which became a law on April 15. The amendment provides for the equivalent of a common school education instead of a high school requirement.

The Board of Examiners has been especially energetic in having appointed an inspector (from their own number) who has visited every hospital and sanitarium in the state.

A uniform curriculum for the training-schools of Indiana has been prepared by the state board and went into effect January 1, 1907.

Illinois.—If patience and long-suffering are virtues, surely the splendid heroic efforts of the Illinois State Association of Graduate Nurses will be crowned with success.

Early in November of last year, after encouragement from the Illinois Federation of Women's Clubs, where that representative body of women pledged themselves to work for the Bill, preparations were made to have the third Bill ready for the 1907 Legislature. Miss Seidensticker was again honored with the chairmanship of the legislative committee. Miss Adda Eldredge has conducted a very interesting campaign in making a tour of the entire state, and lecturing to nurses, doctors and the general public on "State Registration." Arrangements for these meetings were made by the local societies, and great enthusiasm for the measure has been the result, and the nurses throughout this state have come to feel some personal responsibility in the matter.

Before arriving in Richmond, the Bill had at last received the Governor's signature, and the Illinois nurses are to be congratulated on their great victory. The Association has a membership of seven hundred.

The *Quarterly*, the official organ of the Association, has increased in size and value, every effort having been made by the editor and her staff in making it of interest to the members.

Iowa.—The Iowa State Association of Graduate Nurses which was organized in 1904 has a membership of two hundred and fifty.

Local organizations are being formed in all the cities of the state, and general interest is being manifested.

Owing to the heavy expense in connection with legislative work, the Association will not be represented at Richmond by a delegate.

Their Bill for State Registration passed the Legislature this year and will become a law, July 4, 1907.

While the law is not just what was desired, the Iowa nurses feel confident that it will have strong influence in the state and will be the means of improving educational standards in training-schools.

At two sessions of the Legislature they were unsuccessful in obtaining an independent board of examiners composed of nurses.

It is the policy of the Iowa Legislature to centralize matters in all lines. The educational institutions of the state are under one Board of Control and all, even remotely medical questions are being put under the supervision of the State Board of Health.

The Bill just passed provides an examining board of two doctors, members of the Medical Examining Board, two nurses, and the secretary of the Board of Health, the secretary taking part only in the clerical work.

In the absence of a representative at this meeting, the Iowa State Association sends cordial greetings and the assurance of sympathy and hearty coöperation in all the movements of the great nursing bodies.

Kentucky.—Through the faithful and persistent efforts of the Norton Memorial Infirmary Alumnae Association of Louisville and the Louisville Graduate Nurses Club, the Kentucky State Association of Graduate Nurses was organized on November 28, 1906, with an initial membership of sixty-three.

True southern hospitality was extended by the Norton Infirmary to all nurses and visitors in attendance, and this organization meeting marks the era of splendid progress in Kentucky. It was my pleasure to attend this meeting and it was most gratifying to find that through the Alumnae Association, energy and inspiration had been gained, and all that they needed was good oil for the wheels and to set them in motion.

A Bill for state registration has been prepared and is under careful consideration. Already the effect of a law for registration is being anticipated in that several training-schools have changed their curriculum to come up to the standards which will be demanded when the law is in force.

Minnesota.—The Minnesota State Graduate Nurses' Association was organized in 1905, and in the spring of 1906, work on the Bill for state registration was commenced. Their Bill, which became a law in March, 1907, passed the Senate without amendments, but two were offered by the House:—that the age limit be changed from twenty-three to twenty-one; and that a doctor be appointed on the board. These were granted by the Association with the addition of a further amendment of their own to the effect that after the first year no nurse could serve on the board of examiners except a registered nurse.

Very little public work was done by the nurses, as a lawyer had charge of the Bill, but the nurses did a great deal of quiet effective talking to secure its passage.

Plans for the future are not very definite, but the Minnesota nurses hope to make the Association stand as an educational force in the state.

Maryland.—The Maryland State Association of Graduate Nurses has held three meetings during the past year at which various subjects relating to nursing and matters connected with the public welfare have been discussed.

A nurse to work exclusively among patients suffering with tuberculosis has been maintained by the members of the Association and has helped greatly in the education of patients and their families in the enforcement of laws regulating fumigation and other protective measures.

In order to publish a report and meet necessary expenses, the dues were raised from one to two dollars annually with an initiation fee of one dollar.

No legislation has been necessary since last year when a damaging amendment was defeated.

The question of a central registry has been well agitated, but nothing definite has been accomplished in this direction.

Massachusetts.—The Massachusetts State Nurses Association held a meeting in Salem in November and one in New Bedford in March. Both meetings were well attended and were in the interests of state registration and to bring the nurses in closer touch and sympathy with the work of the Red Cross Society.

The question of training-schools returning to a two-years' course was under discussion, the majority favoring three years. A revised Bill will not be presented to the Legislature until next year.

Missouri.—The Missouri State Nurses' Association was organized in Kansas City in October, 1906, there being present a good representation of nurses from all over the state. A Bill was drafted and introduced in the House on January 4, and passed both Houses, but the Legislature adjourned leaving the Bill still on the calendar. A strong effort was made to have the Bill considered by the Governor at a special session called for April 2, 1907, but without success.

St. Louis and Kansas City have been untiring in their efforts to secure the passage of their Bill, but will now have to wait two years before they can secure a legislative enactment.

Michigan.—The past year of the Michigan State Nurses' Association has been one of awaiting results and we are still waiting to hear from our second Bill which was introduced in the House on January 22, 1907, and which has not been reported out of the Public Health Committee to which it was referred.

Through the inspiration gained from Miss Palmer in her splendid address on "How to Pass the Bill," which was delivered at the second annual meeting held in Ann Arbor in 1906, the foundation of the legislative work was well laid. The nurses of Michigan not only reaped the benefit of Miss Palmer's years of practical experience, but her strong personality and untiring efforts in promoting higher ideals and higher educational standards has left a lasting impression on the nursing organizations of the state.

The campaign adopted in Michigan was that of establishing local legislative committees throughout the state for the purpose of reaching and interesting the public generally as to the needs of registration for nurses. The results obtained therefrom were most gratifying. We were strongly endorsed by the public generally. State Medical Societies and the leading physicians had championed the cause from the beginning, and the nurses were led to believe that they were the chief promoters of our cause. The Substitute Bill which was introduced on February 12, by Dr. L. L. Keely was quite unlooked for. This provided for the administration of the law to be under the management and control of the Michigan State Board in Medicine.

The Nurses' Bill provides for a board of examiners composed of nurses to be appointed by the Governor. Until they can have the administration of their law, the nurses of Michigan can well afford to wait for registration.

The Association became affiliated with the Michigan State Federation of Women's Clubs in 1906, and the influence of this representative body of women has been strong and far-reaching.

Through the efforts of Mrs. Caroline Bartlett Crane, of Kalamazoo, whom you will have the pleasure of hearing at this Convention, a joint committee on almshouse reform was appointed for the purpose of improving the conditions of the sick poor in the almshouses.

The report of the Michigan fund to assist in endowing a chair in Hospital Economics at Teachers College, Columbia University, will be presented by the delegate from the Association.

The Association has been called to mourn the loss of a charter member, Miss Mary E. Smith, formerly of Detroit, and a graduate of Farrand Training-school, Harper Hospital. A large part of Miss Smith's life had been devoted to promoting the best interests of the nursing profession. As chairman of the Ways and Means Committee in 1904, she drafted the original Bill for state registration, and to her belongs the well-merited praise for the active interest displayed by the nurses in everything which has meant broader educational development in the nursing organizations of the state.

New York.—The New York State Nurses' Association reports a Training-school inspector appointed by the Board of Regents. Miss Anna L. Alline is in charge of the work and will give us at this meeting a résumé of what she has accomplished.

The Board of Examiners has recommended a course of study and syllabus for all Training-schools for Nurses in the state. They have found it necessary to make the examinations more simple in order to meet the requirements of schools where nurses have already graduated, and without a knowledge of subjects now required by the board.

One hundred and twenty-five superintendents of registered schools have been asked recently to what they attribute the cause of the shortage of probationers at the present time. Eighty-four replied; sixteen think that the high school requirement is the chief reason; others think that the long hours and the three-year course has much to do with it. Two New York City training-schools have adopted the two-year course.

In the death of Miss Eva Allerton, of Rochester, in January last, New York lost one of its ablest members. Miss Allerton was one of the pioneers in registration work and as chairman of the Legislative Committee was indefatigable in her efforts to secure the passage of the New York Bill.

North Carolina.—The North Carolina State Nurses' Association secured an amendment to its Bill in March, 1907, which provides that the minimum standard of education for registration shall be the equivalent of a high-school course. Applicants must also have been graduated from a training-school connected with a general hospital or sanitarium where three years of training with a systematic course of instruction is given in the hospital.

Throughout the state there is an increased willingness on the part of recent graduates to take the examination for registration as required by the board. Registration is not compulsory, but superintendents of training-schools are instructed and anxious to have their graduates meet the requirements.

The question of a preparatory course in the State Normal School for candidates who wish to take up the nursing profession is not as yet an established fact.

Ohio.—The Ohio State Association of Graduate Nurses presented a Bill to the Legislature which met with overwhelming opposition from small private

hospitals and sanitariums. Undaunted they hold to their ideal, and believing that patience is a virtue are willing to wait rather than lower their educational standards.

They are hoping, however, that great things will be accomplished through their educational committee, of which Mrs. Robb is the chairman, in reforming the standards of the opposing training-schools, and in securing the coöperation of the small hospitals and sanitariums.

Enthusiasm is felt on all sides and a great willingness to assist in any work for the betterment of the profession.

Pennsylvania.—The Bill for State Registration has again failed in Pennsylvania owing to the unreasonable opposition from correspondence-schools and special hospitals who brought forth and distributed among the legislators an imposing letter and other literature against the Bill.

The Association has been organized four years and has a membership of twelve hundred. Aside from Registration the chief topic being agitated is how to care for the families of moderate means.

Virginia.—In Virginia considerable interest has been shown along various lines. A sick benefit fund has been established and is maintained by the State Association, the annual dues having been increased to \$2.00, one-half of which is applied to this fund.

Members are the beneficiaries, though aid is extended to other nurses in need if funds are sufficient. Local associations are meeting with favor, there being one in almost every town of any size, but nurses' clubs are yet among the things to be desired.

The tuberculosis campaign is not as general as it might be. A small sanitarium has been opened in the mountains of Virginia; Danville, Norfolk and Richmond are quite active and more interest is anticipated.

The State Board of Nurse Examiners reports steady progress. A movement has been started to provide with each certificate a washable band—with the letters "R. N." to be worn on the sleeve of the uniform when on duty.

Lists of names of registered nurses are being distributed to familiarize the public with the title and emphasize its meaning.

New Hampshire.—The Graduate Nurses' Association of New Hampshire was organized May 28, 1906. Their by-laws provide for four meetings yearly and individual membership which now numbers one hundred and fifteen out of two hundred and sixty nurses in the state.

A law for state registration has been secured. A board of examiners has been appointed and the work of fixing the minimum standard for the registration of schools has begun.

The great need of the training-schools in New Hampshire seems to be more experience in obstetrics and the care of children.

The nurses are working together harmoniously and it is hoped that before long a central preparatory school will be established.

West Virginia.—The West Virginia State Graduate Nurses' Association was organized in 1903. Great difficulty was experienced in reaching and arousing enthusiasm among the nurses in the interest of organization and registration. In the mean time their Bill failed to pass the 1904 Legislature.

Something which would not only bind the members of the Association together, but would be an outward and visible sign of the sisterhood of West

Virginia nurses was thought to be absolutely necessary. A "state pin" was devised to meet this need, a green enamel clover-leaf with a white maltese cross, and to this pretty pin the West Virginia nurses ascribe their success.

The Association has an active membership of one hundred and thirty-two, all anxious for registration and the benefits it will bring.

The second Bill received the Governor's veto as it is unconstitutional for a woman to hold office in West Virginia. An amendment was therefore necessary, and the Bill which became a law on March 6, provides for a board of examiners composed entirely of men.

Rhode Island has just become affiliated but no official report of the work of the society has been received.

The following states have associations organized, but are *not* affiliated:

New Jersey, Oregon, Louisiana, South Carolina, Washington, Texas and Nebraska.

Georgia expected to organize on May 15, 16.

In summing up the reports it is gratifying to note that of the twenty-eight states organized, twenty-one are affiliated with the Nurses' Associated Alumnae of the United States and fifteen have secured state registration.

Bills for state registration were passed in the following order:

1903	{	North Carolina
		New Jersey
		New York
		Virginia.
1904	{	Maryland
1905	{	Indiana
		Colorado
		Connecticut
		California
1907	{	District of Columbia
		West Virginia
		New Hampshire
		Iowa
		Minnesota
		Illinois

A brief resumé of the work of inter-state secretary will not only enable you to understand how necessary and useful has been this department, but how far-reaching has been its influence, even at the end of *one* year when the machinery is scarcely in good running order.

In response to an urgent demand for an exchange of state literature, and general information on all branches of state work, an appeal from state presidents and secretaries at the Detroit meeting resulted in the Associated Alumnae establishing a Bureau of Information of which the inter-state secretary has been chairman.

Statistics have been gradually compiled regarding state organizations, and the progress of registration. The object, however, of having an inter-state secretary has not been sufficiently understood in making it as useful to the members as it will be in the future.

The response from the majority of the states has been prompt and cordial.

Correspondence has not only extended all over the United States and Canada, but inquiries have come from foreign countries.

Information has been sought largely on organization and registration and many other problems, as for instance:

Central registries, visiting nurse work, specific work for alumnae and county organizations, Red Cross affiliation, tuberculosis campaign and various subjects relating to nursing and matters connecting with the public welfare.

Aside from printed material of all kinds furnished upon request, one hundred and thirty-eight communications have been sent out.

The great need of to-day is not only an inter-state secretary, but a state organizer sufficiently equipped to go into the field, and organize and get the work of registration started on a good *substantial* basis.

The series of articles in the AMERICAN JOURNAL on this subject will be invaluable, but every new set of workers (and even the old workers sometimes) need to be shown how to work and how to profit by the experience of other states. It is the practical application of the whole subject taken to the willing workers in every state that will not only save many defeated Bills, but will be the means of good laws on broad educational standards.

Your inter-state secretary acknowledges with gratitude the hearty coöperation of the officers of the affiliated state societies and the courtesies extended through the pages of the AMERICAN JOURNAL in furthering the work of the department.

Respectfully submitted,

SARAH E. SLY,

Inter-state Secretary.

On motion, the report was accepted.

ADDRESS OF THE PRESIDENT

By MISS DAMER

I APPROACH you, friends and members, with somewhat of diffidence in presenting what may be called my annual address. Sitting at our desks, far away from the busy world of affairs, we think very differently about our work than we do when we come in contact with the force and vitality and interest of the nursing profession. So I want to speak to you to-day very informally on one or two subjects we are talking about in our Association, and things that seem to be floating about in the corridors at this Convention. I have left my written address in my trunk, and I want to talk to you face to face about some of these problems.

This is our tenth annual meeting. We have seemed to be in touch very often with some of our great national expositions. The inspiration for this organization was given at the meeting of the superintendents, held in Chicago at the time of the World's Fair. The matter was discussed for a year or two, and in 1897 our Association was organized. I hold in my hand the report of that Convention. There were eighteen people present; a few of them came there individually, women who were interested, and some of them came as delegates from alumnae associations.

I think at that time there were not more than thirty associations organized in the whole country. At the time of the Chicago meeting, I believe only about eighteen had been discovered; they were not known, they had to be searched out. Perhaps you would like to hear the names of those who were present at the first annual meeting, in Baltimore, 1897.

Members present: M. B. Brown, the Massachusetts General; L. L. Dock, Secretary and Chairman Constitutional Convention (Bellevue); Edith Draper, formerly of the Royal Victoria (Bellevue); Isabel Merritt, the Brooklyn City (Bellevue); Isabel McIsaac, the Illinois; Anna Maxwell, the Presbyterian, New York; Adelaide Nutting, the Johns Hopkins; Mrs. Hunter Robb, Cleveland, Ohio (Bellevue); M. A. Snively, the Toronto General (Bellevue).

Several of those members are with us at this meeting.

The delegates from alumnae associations of training-schools for nurses were: Phebe Brown, from the Illinois; Laura Healy, from the Brooklyn City; Ella Clapp, from the New Haven; Mrs. J. R. Hawley,

from the Philadelphia; Margaret A. Mullen, from the Garfield; Helena Barnard, from the Johns Hopkins; M. W. Stevenson, from the Massachusetts General; C. Borden, from the Farrand; Lena H. Walden, from the New York.

All that was reported of the proceedings of that Convention was the adoption of the constitution and by-laws and the appointment of officers. This was our inspiration and our meeting of organization. At the meeting five years later at Buffalo, at the time of the exposition there, we took a step in advance, and branched out into the international work, affiliating ourselves with the foreign societies and taking a greater interest in the broader work of nursing. From then on we have discussed very little of our local alumnæ work; we have taken up the state organization and the national work more. Now we meet again at the time of the Jamestown Exposition for our tenth annual meeting. What is to be our inspiration and what is to be the keynote of this Convention?

Just three hundred years ago, the day before yesterday, three little ships sailed up what is now called the James River. The names of those ships were the *Discovery*, the *God-Speed*, and the *Sarah Constant*; names which are perhaps not so familiar to us as that of the *Mayflower*, which made a mistake when it was sailing for the Virginia shore and landed its passengers a good deal further north. That was in the year 1607, and a few years afterwards there were settlements all over this part of the country. In this Henrico county where Richmond now is, five years after that, long before the Pilgrims reached Plymouth Rock, there was a hospital. Bricks for that hospital came from England, and eighty good beds were also sent out from England for the patients. We do not know just where that hospital was situated, but as far as our knowledge goes, it was the first hospital established in what is now the United States of America, in the year 1612.

So it seems that Virginia was the mother, not only of commonwealths, but of hospitals. We do not know what kind of nurses they had here in those days, but we feel sure that in all probability the patients were well taken care of. I mention these things to give us a particular interest in this locality as far as we are concerned as nurses.

The name of one of those little ships has appealed to me,—the *Sarah Constant*,—and it seemed to me a good name for nurses, and in our work we might look upon that, not so much as we know it, as a material thing, but as a memory and an inspiration, as it was to the early colonists.

That little ship was probably not more than one hundred and eighty feet long; it was built very crudely as we consider now, carrying

very few passengers. The little settlement at Jamestown soon disappeared; it is said that it was because there were so few women among the settlers, and few homes were established. But the settlements grew and prospered, animated by a common spirit and purpose, and they accomplished what they undertook. Tolerance, loyalty, broad-mindedness, thoroughness in educational matters characterized them, and it is no coincidence that so many of the leaders of the Revolution came from among the descendants of these early Virginian settlers.

From the little local work of building up the homes of Jamestown, just as we began in building up the work of our alumnae associations, they broadened out to the development of their commonwealth, they established their hospitals, and in 1619, I believe, they had made appropriations for a university.

What are we going to do about establishing a school for the training of the women who are going to be the teachers of our profession? If they began their work in those few years when they had all the difficulties of pioneers in a new country to encounter, isn't it time that we began work towards our university? We have talked about it for some time. I have a letter which I wish to read to you which may be presented here, from Miss Nutting, and one almost identical to it signed by Miss Goodrich.

BALTIMORE, May 2, 1907.

MY DEAR MISS DAMER: The subject of an endowment for the Hospital Economics course at Columbia University is a matter of so much importance that I am writing to ask if you will kindly bring it forward at the meeting of the Associated Alumnae in May, if it is not provided for in the programme by some special paper. We have carried this along for several years through the contributions of a few nurses and with the help of outside friends, but the time has now come to make a strong general effort to make the work and the position secure and permanent. We ought to begin next year to develop the course in many ways, and we need at its head one of our very best and most highly gifted women. It would be a matter of great pride to our nurses to feel that this chair, with all the benefit to future institutions that such a foundation would imply, had been established by them, and with a body of women as large as our Associated Alumnae it would not mean a great tax upon any one member if each Alumnae Association would make itself responsible for the collection of a certain definite sum. I believe there is scarcely a nurse in the country who would not be willing to give the results of one week's work for this important object, which is of interest to every one of them. I leave the matter in your hands, hoping that it will seem right to you to present it at the meeting at some suitable time, and feeling sure that it will receive the support of those who know best what it means and represents.

With best wishes, believe me,

Yours faithfully,

ADELAIDE NUTTING.

We will bring the matter up later in the miscellaneous business, and you will hear from the state organizations what has been done in that direction through those societies, so I will not dwell further upon it now, but I bring it to your attention as a matter of vital interest for the welfare of our training-schools and the future of our profession.

Another matter in which we have made the discovery of the need of coöperation is the Red Cross work. We have had the Red Cross association in the United States for a number of years; it was recently reorganized and put upon a better basis. The Red Cross calls upon us nurses in its work in many ways. They wish to be prepared, they wish to have the right kind of nurses in coöperation with them. They have agreed that in those states where we have state registration, they will only enlist nurses who are registered; they are willing to conform to our standards, but they ask that we endorse their work and enter our names upon a list of Red Cross nurses. It has been suggested that we ask the state associations to coöperate in this matter, to form auxiliary societies among their members, or have committees appointed, who will enroll nurses for the Red Cross work. We will call upon some speakers during the meeting who will go further into detail. Ohio is very well organized in that respect, and California has recently started an auxiliary, I think, in the state association, but I will ask some of the California delegates later to explain their plan in detail.

We also, as nurses, should be interesting ourselves more in questions of Public Health. In our schools, are the children being taught as they should be the subject of Hygiene? It was suggested last year that we ought to impress in an official way upon the educational departments of the states and cities, the necessity for more clear and practical instruction of children in anatomy and physiology, and all questions of importance concerning hygiene. None know better than we do the result of this lack of teaching, or understand better the importance of it. I think this knowledge should be brought before these people, and the children should have the right kind of instruction.

Apart from that, as we can be a telling force in the community, we should join in the discussion of all the wider and more important questions of the cities and states. The tuberculosis movement is not receiving our support as it should. The nurses have been going forward in it everywhere; they have been enrolling themselves as individuals, but we can give more impetus to the work. It is not always financial assistance that is required, but we have the knowledge, we see the results of the lack of information, and we can tell better than any one else the effect of it. I would like to see in our association a public health

committee, that would take up all of these subjects, and I hope that we will take as much time as possible for those topics, and that you will all be interested enough to discuss them fully. We must not concern ourselves too much with our own affairs; we have broader duties as women who know these things. While we are bound together to take care of the sick, taking care of the well is certainly just as important.

Another matter that seems to be pressing upon us very closely is the situation in our training-schools, because on that depends not only the welfare of the sick in our hospitals, but the future of our profession. We look back perhaps a very few years; our trained nursing work is not so very old, the discovery of that need was not so very long ago (it does not go back as far as the discovery of America). The situation was very different then from now; we had a few hospitals, training-schools were new, there were many applicants after the first few years, women who were anxious for a vocation did not find very many openings outside of their own homes. Now, all over the country, we find there is a lack of suitable applicants for training-schools. What is the reason for it? Our *JOURNAL* gives a great many, but they might be emphasized again. The sick have to be cared for, the number of hospitals is increasing, the public is taking a greater interest in them, and the sick people cannot be properly nursed if they do not have enough nurses in those hospitals. We may say that that question is not to be settled by the training-schools, but it is on them now that the hospital depends for the nursing of its patients. We do not believe that the work in the hospitals should be done by the raw recruits continually, the awkward squad cannot be expected to do the best work; they cannot do it! We need more qualified graduate nurses in our hospitals. Does that depend upon us, or does it depend upon the public, or does it depend upon the hospital itself? Perhaps it depends a little on all of us.

One reason why there are now so few applicants for training-schools is that where there were only one or perhaps two occupations open to women twenty-five years ago, now there are hundreds. But apart from all outside causes which lessen the number of applicants, there are certain reasons that are identified with the training-school itself; and it seems to me, as graduates of these schools, the alumnae societies represented here, whose names imply that they are interested in the work of their alma maters, should consider these reasons, and see if some effort cannot be made by us as alumnae societies to improve these conditions and make them more favorable for probationers.

I think the time has come for us to speak pretty plainly. Some of you may say, "these are not the conditions in our training-school."

Perhaps not; but I know they are the conditions in a great many schools. A representative of the department of public instruction in Albany, stated to the board of examiners recently that there was not a training-school in New York State worthy, educationally, of the name. Now we think we have several hundred, but he states that he does not think there is a real *training-school* in the whole United States. What we call training-schools, he calls an apprentice system. The probationers go in there, they are expected to work their way all through the course, there is very little time given them for study—that is what he meant; that they were doing little of what he called laboratory and experimental work. Sometimes they do not have time to learn even by experience. The work is hard. In the early days those of us who went into training-schools expected it as a matter of course; we looked upon it as a vocation; we sacrificed a great deal—or our friends thought we did—when we went into the training-schools, they looked upon us as if we were entering a convent, or going off to die somewhere.

The situation is very different now. Young women enter the profession of nursing the same as they do any other occupation, if they desire that work, but the conditions remain about the same as to the long hours, and the work has probably increased. The home life is better, the hospital authorities realize that nurses must not be relegated into an upper story, six or ten in a room, although it is sometimes still done. They realize in some cases that the nurse must be properly fed if she is to do her work, and still in many instances they are not waking up to the necessity of it. The nurses are called upon to do such work as no woman outside is called upon to do, and to work often for from twelve to eighteen hours a day. We have committees for the prevention of overwork of women and children all over the country, but they have not begun to consider the nurses in the training-schools yet. I think that every nurse in a training-school is working as hard as any woman is in a factory, and she is working at night too. The sick demand care in the night as well as in the day, but we should have our hours better regulated.

Now perhaps you all know that there is a wave of retroaction sweeping over the country in regard to the course in the training-schools being three years instead of two. Some years ago, it was the object of the superintendents, by increasing the course to three years, to lessen the work in the wards. The New York State Association last year sent a circular letter throughout the state and found, with perhaps one exception, that the time was being maintained in the same way, that the hours were not lessened, and the vacations were not increased. I know of one

school where, in the whole three years' course, a nurse is very happy if she gets two weeks; she has other vacations when she breaks down and is unable to work, and has to make up that time. We found that very few changes had been made in the curriculum, that very little effort had been made to give more hours for study and instruction to nurses. The hospitals have found that there is a lessening number of applicants, and some of them are intending to return to the two years' course, hoping that will be an inducement for more pupils to enter.

I think this is a subject that might be brought up for discussion. It is not altogether a question of the advisability of the two years' course or the three years' course, whether it is necessary that a nurse shall spend two years or three years in the training-school. Some medical men claim that she learns all that she needs to know in two years; in fact, they think she can learn all they want her to know in one year. They claim that the nurses are being taught too much; some of them say there is no need for the nurses studying anatomy, or physiology or bacteriology. But if we are to believe the reports published in the newspapers, the medical examining boards claim that out of every four thousand doctors turned out of the colleges annually, three thousand are not qualified to practice, and that these doctors are not taught anatomy and bacteriology enough to diagnose a case of typhoid fever.

Those are merely reports, but if true they show that progressive physicians are dissatisfied with the conditions of medical education, as we are with conditions of nursing education. We feel that the better educated a woman is before she goes into a hospital, and the better teaching and training she can have while she is there, the better she is fitted for a nurse, no matter where she is placed, whether under the most efficient doctor, or the most inefficient.

But we do want such education for our nurses as will fit them best for what they may be called upon to do. How are we going to get that? We cannot get that if our nurses work the long hours they do in the hospitals; they are totally unfitted, after their hard work they have during the day, to study. An effort has been made to establish preparatory schools. Some hospitals have established them. We hope that some day we will have them apart from the hospitals, where the nurses can be taught the beginnings of their work, and where they can be taught household economics. The nurses cannot be taught to be housekeepers in the training-schools; it cannot all be done there. As Mrs. Robb has said, it goes back to the home. Our work is so identified with the home, the demands of the home are constantly made upon us. The greater part of nursing work is done in the home, only the beginning of it is done in

the hospitals, and the rush work in the wards, does not allow for that training. In speaking of these needs of our training-schools, I want to place them before you for this reason, that we represent the *alumnæ* societies, and we ought to take greater interest in the work of our training-schools, and not feel that when we leave the school we are done with it, perhaps with regret, and perhaps with gladness. But we must realize that the women who come out of those training-schools we have to accept as members of our profession, whether we will or no.

If we want the right kind of women in our profession, we must do something to make our training-schools what we want them to be. We should ask for representation on the boards of management of those training-schools. Who knows better than the nurse what kind of training should be given in the training-schools, and what is wanted by the public outside? I think we are entitled to it. As nurses who have studied the situation for years and know what is required, we ought to help in every way possible to establish such a system in our schools. I have spoken very disconnectedly, but I wanted to speak looking into your faces, and throw out a few suggestions for your future discussion. We ought all to be interested in the future of nursing.

Let us all be "*Sarah Constants*," and be as patriotic as those old settlers were. They recognized the great needs of their people, they built for future generations. Some of us are descendants of those old settlers in Virginia, and many claim to be descendants of those who settled further north. Most of us are probably Americans because we could not help ourselves, but a good many of us are Americans of our own free will and choice, just as those early pioneers wished to come where they could have a greater freedom and a greater opportunity for development. May we also be as patriotic as they were, and followers of theirs in establishing all things needed for our profession.

REPORT OF COMMITTEE ON ARRANGEMENTS

MADAM PRESIDENT AND MEMBERS.—With the program filled to repletion with the most interesting topics for papers and discussion, I feel that the time is too precious for any but a brief report.

The committee on arrangements, consisting of the sub-committees on entertainment, hotels and guides for Richmond, hotels and guides for Norfolk, programs and registration, have worked with great earnestness and hearty accord to secure to our guests all the pleasure it is in our power to afford.

Virginia welcomes you, one and all, and its citizens, no less than we in the profession, consider it the highest privilege to have the Convention gathered in the capital of the Old Dominion. We have provided a number of guides who will take pleasure in piloting our guests to all points of interest in the city

they wish to see, and will cheerfully give any information. We shall be deeply grateful if our guests will make their wishes known as it is our one desire to make their visit to Virginia as happy as possible.

The program contains the notices of the entertainments provided. These will be supplemented by special announcements from time to time.

It has long been our wish to have you with us. The doors of our hearts stand wide in loving hospitality and again the southland bids you welcome.

Respectfully submitted,

ELIZABETH R. P. COOKE, Chairman.

REPORT OF THE PUBLICATION COMMITTEE

The committee on publications reported through its chairman, Miss DeWitt, that it had attended to necessary printing, an itemized account of which had been given the board of directors.

REPORT OF THE ELIGIBILITY COMMITTEE

Applications from twenty associations have been received, eight of which we find eligible for membership. Of the number remaining; three, being private hospitals, do not meet the requirements of article I. of the by-laws; eight send their nurses out on private duty; and of one, information was not furnished.

We would ask the executive committee to consider the suggestion of a new application blank which should incorporate the question as to whether nurses are sent out on private duty, and the request that a copy of the training-school curriculum be sent. It should also provide space for the committee's approval. Such a blank would save time, patience, and money.

Respectfully submitted,

ANNA E. BROBSON, Chairman.

REPORT OF THE COMMITTEE ON THE PURCHASE OF JOURNAL STOCK

MADAM PRESIDENT.—Your committee has accomplished very little in material results.

It was decided at the first of the year to ask the state associations to contribute toward the purchase of JOURNAL stock, but on presenting this to some of the officers, it was found that the expenses of the work for registration in some instances required all available funds; others were not having their annual meeting until after the national association and were unable to answer; others needed money for local needs. One association donated the amount for one share—that of Washington, D. C.

All agreed the object was one that met with approval and were willing to give hearty coöperation if it were possible.

The committee had this proposition placed before it: That the national association borrow the necessary amount of money, which could be procured at a rate of two or two and a half per cent. and buy the stock with this fund. This amount would necessarily mean a debt of several thousand dollars and with our growing needs and expenses is deemed inadvisable and is not recommended by the committee.

This one plan is suggested for discussion: That each alumnae society having membership in this association raise its dues one dollar per member for this

year, or, in other words, that each member of a society pay one dollar tax. With our total membership of ten thousand this would give a sum sufficient to purchase the stock and to defray all expenses, at the same time giving each nurse a personal and individual interest in the success of the undertaking.

Respectfully submitted,

ANNA J. GREENLEES, Chairman.

The report of the committee on purchase of the JOURNAL was accepted and a discussion followed.

Mrs. Fournier moved that the committee on purchase of JOURNAL stock be empowered to negotiate with the AMERICAN JOURNAL OF NURSING Company in regard to the transfer of the JOURNAL to the Associated Alumnæ. The motion was carried.

Mrs. Robb moved that each delegate carry back to her association the suggestion of the committee that each member contribute one dollar, so that when the negotiations for purchasing the JOURNAL shall be completed, we may have the money ready to buy it. This motion was carried.

REPORT OF NOMINATING COMMITTEE

Your committee begs leave to present to you the following report: In accordance with the amendment to the by-laws (Section I, Article XI) nominating blanks were sent to all affiliated associations on November 1, 1906, there being at that time one hundred and nine alumnæ and fourteen state associations.

Fifty-two blanks had been returned to the chairman up to January 24. From these returns your committee has prepared the following ticket of two or more nominees for each office who have consented to serve if elected:

President

Miss Annie Damer, New York.

Miss Harriet Fulmer, Chicago.

First Vice-President

Miss Genevieve Cooke, San Francisco.

Miss G. M. Ross, Baltimore.

Second Vice-President

Miss S. H. Cabaniss, Richmond.

Miss C. D. Noyes, New Bedford.

Secretary

Miss Nellie M. Casey, Philadelphia.

Miss Katherine De Witt, Rochester.

Treasurer

Miss Anna Davids, New York.

Mrs. E. G. Fournier, Ft. Wayne.

Directors

Miss Isabel McIsaac, Benton Harbor.

Miss Annie L. Alline, Albany.

Miss Minnie Ahrens, Chicago.

Miss Anna E. Brobson, Omaha.

Miss E. P. Cooke, Richmond.

Nominating blanks were sent to one hundred and twelve alumnæ and eighteen state associations about three weeks before the meeting in Richmond.

Nominating blanks received after the time for receiving returns was up, and which were not considered, are as follows:

Mt. Sinai Alumnae Association, New York.

Garfield Memorial Hospital Association, Washington.

Columbia and Children's Hospital Association, Washington.

National Homœopathic Hospital Association, Washington.

Freedman's Hospital Association, Washington.

Union Benevolent Hospital Association, Grand Rapids.

Hope Hospital Association, Fort Wayne.

Graduate Nurses Association, District of Columbia.

To facilitate the work of this committee, it is recommended that the affiliated associations nominate for the various offices not only those who are eligible, but those who have consented to serve if elected.

Respectfully submitted,

SARAH E. SLY, Chairman.

THE PRESIDENT.—You will notice that some of the nominating blanks were received too late to be considered, but we feel that it was a very fair return for the first trial of this way of nominating our officers. The associations have the opportunity of making nominations, these nominations can be accepted or rejected at the will of the convention. If there are other nominations to be made, they may be made at this time. The polls have been open since ten o'clock this morning. The majority of the voting will be done at intervals between the sessions. The inspectors of election will take charge of the ballot box, and make their report to-morrow afternoon. The polls will close to-morrow at one o'clock, and all votes must be in the ballot box at that time.

Before we adjourn this morning, after the question-box, an opportunity will be given for other nominations if it is your wish.

The secretary then read the following letter and telegram which had been received:

SAN FRANCISCO, JUNE 23, 1906.

MY DEAR MISS DAVIDS: I write to thank you in the name of the San Francisco County Nurses' Association for the very generous expression of sympathy displayed by the Associated Alumnae in sending a check for three hundred dollars to our association in this time of distress. It is a very acceptable gift and will certainly be used to advantage in making a comfortable home for our burned-out nurses. We have taken a large house that will accommodate from twenty to twenty-five nurses, and in connection with this we are establishing a central directory. We are having quite a number of calls and hope to make a success of our directory.

Kindly extend the sincere thanks of the San Francisco nurses to their eastern sisters who have aided them so generously and sent such kind words of sympathy to us in our distress. We appreciate deeply all the kindness shown to us, and it is lovely to know that nearly all that has been sent to us has come from sister nurses.

Very sincerely yours,

MARY L. SWEENEY,

Secretary.

NEW YORK, MAY 74, 1907.

Miss Nellie M. Casey, Secretary Associated Alumnae.

The Lebanon Alumnae Association sends best wishes for a good meeting and a happy time. Wish we could be with you.

MARIE SCHMIDLING.

Corresponding Secretary.

THE PRESIDENT.—We will now listen to a very interesting paper by Miss Allen, who is doing missionary nursing among the mountain heights of North Carolina.

MISSIONARY NURSING AMONG THE MOUNTAINS

By MARIA PURDON ALLEN

IN speaking in this slight sketch only of the mountaineers of the south it may be well to enlist your interest or your patriotism by telling you that they are as purely Americans as any one class of people in the United States. For generations their ancestors have lived in the mountains of North and South Carolina and Tennessee, they fought in the Revolution and in the Civil War, and fought bravely, living simple primitive lives,—horribly monotonous we would think them,—eating coarse, badly cooked food, and, unfortunately for them, drinking the wretched stuff called corn-liquor all too frequently with the resulting “shootins” and occasionally “killins.” The reason the latter are not more numerous is possibly because a drunken man’s aim is not of the best, however good, or bad, his intentions may be. In parts of the South whiskey is used much too commonly as a medicine for every ill and is of the greatest assistance in prolonging the unhappy feud system where it is a virtue to hate. Some amusement, some excitement these so-called poor whites must have, and drinking being a cheap and easily obtained amusement, one can only deplore the fact, hoping for something better to take its place. Living as they do in lonely, isolated coves in the mountains, the monotony of their lives is hardly conceivable, and when the fact is realized that a large number are unable to read, having nothing to read if they could, and no way of procuring either books or magazines, it makes those of us who know them anxious to share the benefits of civilization with them. Education is the great, the crying need, and without it they cannot be helped religiously or morally. The Episcopal Church at least keeps this aim constantly before it and the names of missions and schools are almost synonymous. Being ignorant, it is very easy for false prophets to influence them and some of the doctrines taught by itinerant preachers is most disastrous morally and spiritually, especially that form of conversion after which the so-called convert can sin no more. Some of these preachers

cannot even read the Bible they profess to teach. Preaching from such men cannot be edifying.

To help them, by instructing them, it is most essential that one should have their confidence and esteem, which can only be gained by a decided interest shown in the people and by a freedom from condescension. They are a shy, dignified, hospitable people, full of superstitious and weather signs, living on very little, hardly brought out of the ground, with still fewer groceries and butcher-meat. They are scarcely protected from the weather by log cabins full of chinks, sometimes filled with clay, or boarded over in winter, and in many instances without a window in either room of a two-room cabin. In such cases the door must be left open for light, and is only closed in severe weather, when the family sits in total darkness, save for the light of a fire on the hearth. Here you see the most interesting primitive cooking utensils, ovens of iron, like a frying-pan, on three short legs, having a deep lid in which hot coals are put, to bake on top and bottom, corn-bread or soda-biscuit. Pot-hooks, the models for the first strokes in writing anciently, are here in daily use, to remove the three-legged iron pots from the fire.

Each small house has one, or two tables, a few chairs, seldom enough to go round, but always from two to four double beds which accommodate large families, often increased by married sons or daughters living at home with their children. These children are treated with the greatest kindness and are badly spoiled; the younger ones invariably have their own way. There is always room for one more, any visitor who happens in from a walk or ride, on horse or mule-back, of ten or twelve miles, is expected to stay several days, if he chooses,—it is taken as a matter of course, making only a little more crowding of the children. Such is their hospitality that I have almost without exception been asked and urged to stay to whatever meal might be under way at the time of my visit.

The mountaineers are not an unhealthy people, in spite of their poorly cooked diet of pork and biscuit for staple articles; it would be hard to be other than healthy in such a beautiful climate as that of western North Carolina, but from ignorance of sanitary conditions there is more typhoid than there should be, pneumonia, and even phthisis. There is a curious form of reasoning, or want of reasoning, displayed by these people; fearing to even enter a room in which there is a case of typhoid fever, they will yet live, eat, and sleep with a patient suffering from advanced tuberculosis of the lungs. In none of these diseases will any disinfecting or ordinary care be observed save where a physician is called in and does what he can to teach them.

Goitre is very common in some parts of the mountains, and it is difficult to know to what cause to attribute its frequency, whether consanguinity has anything to do with it is not clear. Intermarriages between families in a neighborhood and early marriages, too, make for a return of tribe-like arrays of people of one name.

The mountaineer, either from pure shiftlessness, or, possibly, ambition of a kind—that of providing for his children, as one man told me, teaching them spinning in a cotton-mill—will give up his farm and come into the towns to work in mills and factories. There his deterioration continues; for, finding that even the younger children can earn money in these factories, the father discovers that the mill doesn't agree with him, and he stays at home supported by their earnings. This is not, perhaps, very frequent, but it does happen, and the children cheerfully agree to the new order of things. In beginning district nursing in the town and country under the auspices of the Episcopal Church mission, a number of people were prepared to receive me cordially, and my practice soon became in some respects like that of a doctor, as I would be sent for again and again by the same families. Where necessary I would urge the sending for a doctor. Obstetric cases were undertaken, as a trained nurse was certainly an improvement on the so-called "granny-women" who very frequently act as obstetricians with such results as one would expect. The physicians of the neighborhood were most kind in offering to assist me in difficult cases.

In some families four or five would be attacked at the same time with such diseases as typhoid and pneumonia, quite a number to cope with single-handed, where it became necessary to stay up at first every other night, later every night, to look after them. In this last instance was displayed that peculiar fatalism so difficult to manage. Finding one of these pneumonia patients, a boy, in collapse, I asked the father if he had sent for a doctor, and was told that he had sent once but that it was of no use to send again, he had lost heart, the boy was going to die. Not even having my hypodermic case with me, I urged the father to send again, which he did most reluctantly. At another death-bed—for so this last case became—the husband of the dying woman begged all the family "to give her up to die." His sister told me that he had refused to give up his first wife and had "carried on something terrible," begging them not to give her up, while she was dying.

Among many of the mountaineers there is marked neatness as compared with the same class dwelling in towns, but all seem equally superstitious, and it is the most difficult thing in the world to persuade them to use prophylaxis in regard to diseases. Until the patient is dying the

neighbors, even the door-neighbors as they say, will not come in to help the family where there is a case of typhoid, yet will all be drinking from a well, perhaps down the hill from the patient's house, where no disinfection is used and there is nothing but surface drainage.

Babies are started at an early age on indigestible food, and although cutting their teeth very late, are eating "just anything and everything," including pork, beans, cabbage, sweet-potatoes, and the underdone soda-biscuit, known as bread. This is pale, often yellow and green in streaks, for the success of your bread depends entirely on luck and not upon any skill in measuring the materials.

However they are handicapped, they struggle through life, but often carry indigestion with them as they grow. Their ailments are those of all children, scarlet fever and diphtheria being very rare, with an excess, perhaps, in old and young both, of bowel trouble and with distinct disturbances of the liver, as could only be expected. Teas, of all kinds of herbs, are brewed and given, first one thing and then another being tried, the patient meanwhile subsisting on biscuits and coffee with perhaps a fried egg or so.

Occasionally one is given heart o' grace to continue giving precept upon precept, when an old patient is found administering advice to a friend as to seeking professional aid before trying red-oak-bark, turpentine, or fat pork on a fresh or infected wound.

Cleanliness may, in time, become a preventive of "thresh," but this trouble is often looked upon as a family failing, and when heredity is too much for the baby it is so simple to use a cure such as drawing a lizard through its mouth or to have a man who has never seen its father, breathe on the sore mouth.

Upon a baby's arrival neither he nor his mother must be touched, as to clothing, for three days, when the mother frequently sits up to have her bed made and to "strip" while the baby may be washed and redressed and have another greasy cloth applied to the umbilicus, the cord having often rotted off in that time.

Should there be a post-partum hæmorrhage, one can stop it by placing an axe under the bed with the blade up. When it is time to wean the baby, the signs of the Zodiac must be down, "plumb down in the legs," as one woman told me, speaking of her two-year-old, "but if the signs had been up in the neck or head, it would have killed the baby," showing me an almanac to prove it, we being then under the rule of Aquarius, the water-carrier. Yet this baby was eating just what he wanted and had been since his first month or two.

On two festivals of the Christian Church there are always special

observances. On Good Friday one makes garden and plants beans, while on Ascension Day, no sewing is done at all, and as many as can go fishing. The time of the Virgin Mary's visit to Elizabeth is connected with rain or fair weather "when Mary goes over the mountain." Whichever condition prevails then will continue until Mary comes back over the mountain. No near relative of the dead must touch the body in preparing it for burial, a first cousin-in-law even drawing back when asked to assist me.

Some of the expressions used—and some of them are old, old English—are interesting, such as an "infare" or party given to new "wedners," a bride and groom. A "fyst" is any kind of a small dog, "no 'count" and "coats" are petticoats, a woman's coat being always a "jacket." There are no bags but "pokes," and I have even seen a pig-in-a-poke, so he announced himself to be. An invitation to a dance is, "Will you play with me?" Bible English is quite common as "puke" for vomit or sometimes "womick," and "flux" for diarrhoea. Among diseases, one of early infancy is hives, to which they attribute errors of diet. There are hives of all sorts and kinds, including a severe and mysterious form known as the boll-hives, in which no hives break out, but the baby for that reason dies and then turns black in spots. This is presumably cerebro-spinal meningitis. Eruptions of various kinds are common, most of them non-contagious and arising from their starch and pork diet. The food supply is becoming even more restricted by a certain stock-law, doing away, as it does, with general or common grazing of stock; and so doing away with the stock itself, as among the poorer farmers and laborers, there is not enough pasture on their farms and patches of ground to support pigs and cattle.

In a country that would seem ideal for sheep, one never sees them. There is scanty pasture and no real meadow land, but even of this much the stock is deprived, being no longer allowed to wander at large over the mountains.

In the very wildest part of the mountains, Mitchell County, there is a nurse, a graduate of the Philadelphia Training-school, Blockley, who knows these people well and is devoting herself to them. She is often cut off for months from other people. Working under such conditions involves some self-sacrifice, but the pleasure one finds in it must more than repay for the lack of other society, and it is impossible to know how interesting the mountaineers are until one has lived among them. Among their greatest faults is a hydrophobia, which may be partly accounted for by the difficulty of procuring water which must all be

drawn out of a well by a windlass and often carried quite a distance to the house. After a few trials with the bucket and long rope, one can easily see that bathing could go entirely out of fashion if made so difficult. One woman told me that she had been plumb fool enough to take a bath every day one summer, six years ago, and she had never been well since. These people can learn and are grateful; they need help, and unless we Americans show as much interest in them as in Foreign Missions and slum-work, who is to help them?

There is an Episcopal mission hospital in Morganton by means of which we hope to reach them and help them,—these tall, serious Anglo-Saxons, who are so near a kin to us,—and this building is the outgrowth of the two years of district nursing there. It is a small hospital with twenty beds, and though well equipped has no assured income. We are troubled by no board of managers, the archdeacon of the district of Asheville being the sole director, but we do need nurses.

VISITING NURSING IN THE MOUNTAINS OF WESTERN NORTH CAROLINA

By LYDIA HOLMAN

ON Christmas Day, 1900, I came to this little hamlet deep in the mountains of western North Carolina—some of my experiences in and about which I have been asked to tell you—to take charge of a typhoid patient. This patient was an eastern woman, and being unable to get a physician nearer than thirty miles, sent to Philadelphia for a nurse who would be willing to take her case without one. The region is interesting for its natural beauty, but that is soon lost sight of as one realizes the greater human interest centering in the mountaineers; their splendid unrealized opportunities, their ignorant and neglected condition, and their unconscious need of help. These mountain folk know nothing of trained nurses, anyone capable of looking after them in illness is, in their idea, a “doctor,” so that from January to May, opportunities were many and varied, in visits made among their sick, to see their hopeless lack of intelligent care and their inability to get any treatment other than herb and root teas, poultices, or rubbings, given by the nearest friendly neighbor.

With conditions ideal for outdoor treatment, one is somewhat surprised to find numerous cases of tuberculosis until one realizes how little is known of, or rather how deep is the apparent aversion to, ventilation and cleanliness. While most of the newer houses now have glazed win-

dows, they are meant for light only, and the need for ventilation other than that afforded by the chinks and cracks in the building is not recognized. Large families are born and brought up in cabins of two and three rooms, regardless of any sense of morals or hygiene. In recommending larger houses and separate rooms for the girls, one old mountaineer of about eighty said: "My grandfather and my father each raised from twelve to fifteen children in this very house, so what's the use of having windows open at night or washing any more than your face and hands after you've grown up?" As a natural consequence, illnesses due to unhygienic conditions are common and it seems as if every known chronic disease were found here. In the winter there is every degree of cold with its attendant diseases. In the spring, slight colds, sore eyes, and the miseries attendant upon pork-and-bean-laden blood abound. In summer, there are the usual complaints due to badly-kept foods, low ill-kept springs, carelessness with milk; and frequently the most desperate appearing cases result from an unbridled indulgence of their appetites. Throughout the summer and fall are frequent cases of mountain fever or, as they call it, typhoid fever. Alimentary diseases constantly occur throughout the year. So in this great health-giving mountainous region there is probably as much sickness for the number of inhabitants as there is in any old-fashioned country town.

In May I left and spent that summer nursing among the poor in Philadelphia and the following winter in the Nurses' Settlement in New York City; but throughout the year there was with me an unhappy consciousness of the hardships and needs of the mountain folk I had left. In December, 1902, I returned with my former patient, on a salary, and with stated duties to her, but with the privilege of going to any of the mountain sick who might need and want my services. At once I became busy, and though my patient has long since dispensed with my services, I found the needs of the people so urgent that I have remained here ever since with the exception of two visits to the outside world for rest and the replenishment of supplies. The district is practically unlimited, although I decline to go into a doctor's territory unless he sends for me, or tells the people to come. The work is, of necessity, a sort of combination of country doctor and visiting nurse, one has to do minor surgical operations, obstetrical work, attend medical and skin cases, and extract teeth. Speaking of teeth, the ordinary tooth-brush is a piece of splintered green wood which is usually dipped in snuff and rubbed into the teeth and gums. All cases are treated from a nurse's standpoint; if the progress is not satisfactory, my medical library (a very good one) is resorted to and simple remedies are given; though

in tight places I have at times been rather bold in the use of drugs. In surgery of any description, cleanliness, as we are trained to know it, is absolutely impossible, as too it is to have any dressing remain as adjusted, since the patient and his sympathetic friends must make frequent examination of the wound and watch with great interest the healing process. Daintiness in nursing is out of the question; ordinary cleanliness can usually be had, though I am frequently told "It is only a fashion you uns get into, usin' so much water and clean cloths." Maternity work is the most difficult, as no woman is considered sick at such a time, and the usual treatment would seem to us exaggerated cruelty and neglect; the methods are ancient and crude beyond belief and water and air, as in most other cases, are harbingers of death. I will give you in detail a busy day and night that you may better understand the work and its difficulty of accomplishment.

It was eleven o'clock at night, the thermometer five degrees above zero, wind howling through the trees and snow piling high. I had been in the saddle nearly all day and was finding the blazing wood-fire and a good book most comforting, when suddenly above the wind came a loud "Hello! Hello!" repeated until I could reach the window to answer. "Wife is down, will you go?" Labor had begun, and there were twelve miles over mountain roads, with frozen "branches" and a river to ford, between her and the nearest person to attend. The maternity bag is always ready, the horse was quickly saddled, and no time lost in starting; but the ride took three and a half hours, the roads, always bad, are indescribable in the winter, with the rocks and ice and drifting snow. Four hours later labor was completed and a bath had been given to mother and babe, the billowy "goose-feather" bed had been made fresh and patted into smoothness, and most careful instructions left with the grandmother as I did not expect to see the patient again. On the return trip I visited five pneumonia patients, three were being treated with glykaolin to chest, hygienic food, and stimulant; two with hydrotheraphy; one was being visited twice a day; two, daily; and two every other day, as the necessity of the case demanded. I may add that they all recovered in the regular order.

I reached my little cottage late in the afternoon weary and hungry, for though my mountain friends possess the quality of hospitality, carried almost to the point of forcefulness, I have not yet been able to accommodate myself to the regulation "pork and pone" fare of the country. The next morning at six the usual "Hello!" wakened me. This time it was Mr. S. L. to take me to White Oak six miles away. He explained, "I come early for fear somebody might get ahead of me."

I stopped to get breakfast, wash the dishes and pack my supply bag for the day, then accompanied him to find the patient, a woman suffering from a neglected and chronic cystitis, that had been patiently endured to the point of non-endurance. A sitz bath was given, the bladder irrigated, and the diet and exercise regulated. (I may add parenthetically that this treatment was given daily for two weeks, every other day for six weeks; finally three times a week. In six months she was well and able to do her house-work, including washing.) From this visit I returned in time to prepare my dinner, but before the meal was finished M. V. came to take me to a mining accident case. I found the man with a crushed skull, and dead. I returned to find a man waiting with the horse to take me to a suspected case of typhoid, ten miles away. I found this patient with a high temperature, bad pulse, and delirious, she had been sick for two weeks with no treatment. I at once gave an injection and cold pack, the latter repeated every three hours all night, I gave whiskey, regulated the diet, left careful instructions with the family, and demonstrated the injection, pack, mouth-washing, bed-making, disinfection, etc., and returned home in time for breakfast.

So the work goes. The distances are so great that one must waste much time on the road; often I ride from five to twenty-two miles to make a single visit, prolonging it several hours to give a "while-you-wait nurses' course" to the family, lest I should not return again. At one time last winter with a bad pneumonia case at either end of a fifteen mile stretch, and numerous other patients scattered in between, I was in the saddle nearly all the time for three weeks and able to stop at home only long enough for baths and changes of clothing. The work is not always so hard and there are compensations—the blue sky, the everlasting hills, the clear, exhilarating air, and the simplicity of the people. These all go to make my life here a happy one. I will outline a few cases from my note-book.

S. W.—Sawing wood, blistered knee. No attention paid to it. Became infected, sent for me.

December 20th.—Opened the abscess, irrigated with weak solution of bichloride, applied wet dressing.

December 22d.—Dry dressing. December 26th, well. He came to the house for treatment so I had an opportunity for giving advice as to prevention of small blisters, big sores and blood poisoning.

December 21st.—L. P., 3 years of age. Grandmother, the herb doctor, now about eighty, said the child had measles "but don't git well right." Find glands of neck badly swollen and sore, give dose of oil and a preparation of glycerine, iodine, and creolin, to rub glands.

January 1st.—Well, and all the neighbors' children with swollen glands are being treated with the left-over remedy.

January 6th.—A. M., three years. Has been sick with fever and croupy cough for five days, bowels not moved in four days. Struggling for breath, and badly cyanosed when I get there. In a log cabin about eighteen feet square, not chinked, and snow and wind blowing in every direction. The child is in its father's arms and too weak to be given a mustard bath (my favorite first treatment for children). From nine-thirty A.M. to three-thirty P.M. I worked uninterruptedly with hot compresses, steam inhalations, injection for bowels, gave strychnine gr. 1/60 with whiskey but the child died of exhaustion at four P.M. There was no physician to call.

January 7th.—S. J. Apparently ivy poisoning, had been applying "cream and gunpowder," became infected, and came to have "risin" under arm opened, which I declined to do, but rubbed it with ichthyol, using wet compresses of carbolic on the poison.

January 18th.—Well.

April 3d.—Mrs. D. Three weeks ago lost quantity of blood via vagina. Did not see her until to-day (April 3d). Instructed her as to rest, light, air, cleanliness, diet, etc., and put her to bed properly for a week.

April 5th.—Find she has been up and had profuse hæmorrhage. She is sure the fœtus is dead and wants it removed. I decide otherwise, put her to bed for two weeks, give hot douche and 1 gr. opium by suppository and explain the danger of miscarriage and its ill effects upon health, touch upon its moral and religious side and refuse to ever again do anything for her unless my orders are carried out. She is up and about the 20th and at term has twelve pound baby.

November.—Mr. P. Knee bruised from pushing shovel handle in mica mine; applied home remedies, "mutton taller" and gunpowder. "Down" (which means in bed) two weeks since he first noticed soreness. Now there is high fever, swelling in groin, red streaks from knee to groin and much pain. Apply glykaolin over night, in morning find less pain and redness, but fever high and other unmistakable signs of pus. Apply glykaolin to groin, find pus sac with hypodermic needle, open, and irrigate with bichloride and dress with gauze drainage. Irrigate once in twenty-four hours until no signs of pus, then rub with 10 per cent. ichthyol. In three weeks the patient is well but the knee is a little stiff for two months. In the typhoid cases I have introduced cold packs and sponging and obtain very good results. No one has ever instructed these people in the care of the sick, and many families living in the far-away

nooks and corners get only such medical attention as the old women who doctor with teas and brews can give them. Frequently I find them suffering from an overdose of the remedy taken rather than from the ailment for which it was given. In many ways they are a hundred years behind the times, but I find them of fair intelligence, kindly, and hospitable; the old folks content with their small farms, the younger element desiring, in a disinterested sort of way, a little more knowledge of the outside world and its workings; and a few, eager to take advantage of any opportunity for improvement offered. If out of the forest came a Genie and asked "What would you?" I should say: Turn the thoughts of our great moneyed philanthropists to our isolated mountain folk, give them social settlements, industrial and manual schools, cooking schools, Young Men's Christian Associations, Christian Endeavor Societies, or any sort of a society that will help the women and girls, make a chain of them from Canada to Georgia, and do for these unknown, neglected, native Americans, some part of what is being done for the foreigners in the cities; for though their poverty is not so great, their wants are many and their ignorance dense. They need only opportunity, leadership and good example. Let us have a small hospital and a good doctor, one who will work for little glory and less money, but who will be filled with a satisfaction greater than these can give.

The lowest number of visits I have recorded in a month is eight, and the highest, forty-two. As for remuneration, I take what I can collect, always considering the apparent circumstances of the family (and often being deceived by appearances). For maternity work among merchants, and other families well to do, I charge ten dollars; for others, five; sometimes, two; and often nothing. My visits are paid for according to distance and number and not according to time spent or work done. Frequently I receive for services farm products, chickens, wood, potatoes, corn, oats, hay, anything there may happen to be an over-supply of. When I cannot use them, others who can, buy, usually at a loss to myself. In this way I have earned the rent of my three-room cottage (forty dollars a year), food, medicines, and supplies, and little extras, such as horse hire. Clothing does not count, as I have been wearing such old things as I had on hand. Now that the supply has run out, I am about to "quit," as my mountain friends say. It is a pity, for I know I have the friendship and confidence of the people, but the work is too much for one person and work not organized is slow in results. Two salaries for nurses are needed. It is out of the question to do one-third of what is needed in one neighborhood, not at all considering what is needed in five other neighborhoods.

We hope to excite some interest in our prospective hospital.

THE PRESIDENT.—If anyone is doing the same work that Miss Allen is doing, we would like to hear from her.

MISS S. H. CABANISS.—Madam President, I will present a letter from the Arch-deacon. Just outside of Charlottesville is quite a large district known as the Ragged Mountains, but it is not now restricted to the Ragged Mountains. Some years ago that district was set apart, and put in charge of the Rev. Mr. Neve, as Arch-deacon, and he writes this letter:

IVY DEPOT, VIRGINIA, MAY 10, 1907.

DEAR MISS CABANISS: Thanks for your letter. I am sending you some leaflets about the work in general, which may give you some idea of the conditions existing in the mountains. The people are utterly ignorant about nursing the sick; and if anyone gets really ill, there is not much chance for him.

We have now a small cottage hospital in Swift Run Gap in Green County, with two trained nurses.

Dispensary work is done at two or three other of our mission houses. We have two deaconesses at the Mission House near Shiflett's Hollow, who do nursing work, and last summer they succeeded in stamping out an epidemic of diphtheria by applying the most recent methods of treatment.

Not only ignorance has to be contended with, but superstition as well. Many of them believe in charms, and there is a hoodoo doctor in one community whom the people have great faith in. One of his remedies is a silver dime chopped up into little pieces and put into a bottle of water.

In the little booklet, "Poor Powsan," enclosed, you will find a place marked, where a strange remedy for frozen feet is mentioned.

With many of the people it has been found useless to leave medicine with directions about giving it to the patient. They don't know the time, and therefore are afraid of giving the medicine too often or not often enough, and therefore do not give it at all.

Hoping that this letter and the leaflets sent will help you, I remain,

Yours faithfully,

FREDERICK W. NEVE.

THE PRESIDENT.—We will now take up the question box.

MISS McISAAC.—Madam President, I am going to begin with a very simple, harmless question that there cannot be any controversy over.

"Why should the Directory of Nurses be under the control of the nurses? If it is not professional on the part of nurses to allow the directory to be managed by persons not nurses, please be explicit in telling just why not professional." The question is now open for discussion.

A MEMBER.—The nurse is working for her profession, the business woman is working for money; therefore, the nurse is the best one to manage the directory.

MISS PALMER.—I will say a word just to start the ball rolling. It seems to me that when we use the word profession or professional, we imply a standard which we control, or should control, ourselves. Now if our directories are to be a part of our whole educational system, they should be under our sole control, and no directory, it seems to me, can be managed in the interest of nurses by anyone outside of the profession. If we go outside the profession, and have a

kind of intelligence office through which the nurses get their jobs and pay, we might put it in the hands of someone outside who might be sharper than ourselves. But if we are going to call it a part of our educational system, it should be managed honestly and properly, and by the nurses first of all, in the interest of professional service to the public.

A MEMBER.—I cannot see why we cannot take charge of our directories. I think there are as many good business women inside of our profession as there are outside.

MRS ROBB.—One reason for insisting on the management of our own directories is that there is so much that is professional only that must be considered by our registrar, that would be to the best interest of nurses, and which, in fact, could not possibly be managed in a dignified way by anyone outside of the profession. We have become a large representative body of women, the public are depending upon us to do certain things, and it seems to me that one of our most important duties is to send the right kind of a nurse into the home where there is sickness and distress; our registrars can do that better than simply business women. Our registry in Cleveland was established five or six years ago. The nurses did not at first give it their support; it was supported for two years by the Graduate Nurses' Association. At the end of that time the nurses had developed some interest in it, and now they have begun to teach the general public to depend upon this registry to secure their nurses.

We find that the smaller towns of Ohio, fifty and sixty miles from Cleveland, give this registry a great deal of patronage. We feel now that it is a success, and after having served four or five years on that committee, I am convinced that there is very good reason for the management and control of the registry by nurses themselves, if for no other reason than that the general public is depending upon us to send the right kind of women into their homes to take care of the sick and the helpless.

On motion, the further discussion of the question-box was adjourned to an informal meeting at night.

THE PRESIDENT.—Nominations are now in order from the floor, for president, vice-president, secretary, treasurer and members of the Board of Directors.

Miss Martha M. Russell, of New York, was nominated for the board of directors.

Miss Sly was nominated for secretary, but declined.

Misses Eldredge, of Chicago, Garvison, of Philadelphia, and Ellis, of Cleveland, were nominated from the floor, and elected as members of the committee on resolutions.

Wednesday, May 15

AFTERNOON SESSION

The Convention was called to order at two o'clock.

THE PRESIDENT.—This session will be devoted to state work, and I will place it in charge of Miss Sly, who has arranged it.

MISS SLY.—I know you will be glad to hear from Miss Adda Eldredge, who is fresh from legislative work in Illinois. She will read a paper on "How to Organize for Legislation." She was Lecturer in Illinois last year.

HOW TO ORGANIZE FOR REGISTRATION

BY ADDA ELDREDGE

MISS PALMER's very able papers on state registration can hardly be improved upon, but to those starting the campaign, a few suggestions as to a working plan, formulated from the experience of those who have been actually engaged in the work, embodying not only what has been done, but what in the light of experience we can see ought to have been done, may prove of value. Miss Palmer has told the requirements for the leader, the chairman of the legislative committee. If she is the woman for the place, you can trust her to choose the members of her committee. This committee should be composed of at least five members. Each member should, before accepting the position, consider the enormous responsibility she is assuming, and enter on the work with a broad-minded comprehension of the fact that harmony is absolutely necessary for any successful work. The state association, well organized, incorporated, and representative is taken for granted. As far as possible every one in the state must be interested, first the nurses, then the medical profession and the laity also must be convinced that this question affects them. The question then arises how can this be done? Let some member of your legislative committee, with your lawyer, carefully prepare a draft of your bill; do not make the mistake of leaving the drafting of the bill entirely to your lawyer, or of drafting it yourselves. Give him every point which you wish incorporated, then let two or three of your committee study the draft he has evolved, word by word, line by line, paragraph by paragraph, until it is a clear, concise and easily comprehended statement. A lawyer who is familiar with the drawing of bills, who will put what you want into as few words as possible, avoiding ambiguity, and give the time and attention necessary, goes without saying.

While the bill is being drafted, let the other members of the committee find out all the hospitals in the state, and all the alumnae associations, according to the legislative districts in which they are located. Locate, if possible, individual nurses in each district; have this done before it is needed, then it will be systematically done, but it will be no easy task. This matter of interesting and educating the public can be done through the women's clubs; by bringing the subject before the medical societies; by presenting it fairly and plainly to all the newspapers throughout the state; and if you can interest these last suffi-

ciently, so that they will write editorials in favor of your cause, so much the better, if they prefer to give you space, write the articles yourselves, but be sure there is a plain statement of facts that there be no misunderstanding as to what is demanded. Have the work so divided that each member is given her share. Let there be frequent meetings of the committee that reports may be made as to what each has accomplished, and that no ill-advised steps may be taken by any misguided enthusiast. Introduce your bill as early in the session as possible. In Illinois, in this our third campaign, a member was sent, wherever, a hearing could be obtained in the state, to address the nurses, doctors, and general public, explaining clearly what we aimed to accomplish. It was deemed advisable that but one person be sent, and that the same address be delivered everywhere, thus precluding any contradictory statements. This has been the only change made in this campaign. The first idea was to address the nurses, and the request for a chance to present the subject was made first to alumnae associations; where there was no response from these, the hospital superintendents were asked to call the meetings. Almost imperceptibly the scope of these meetings changed, the undergraduates were addressed with the graduates, members of the hospital boards, a few doctors were asked, then a woman's club was sponsor for a meeting, and so it grew until in many places public meetings were held under the auspices of a woman's club, a hospital or members of the medical profession. One county medical society was addressed; finally through the kindness of the president of the Chicago Medical Society the subject was presented to the different branches of that society. We had an advantage in that our state association belongs to the State Federation of Woman's Clubs. The Federation as well as many of the different clubs endorsed our bill and sent these endorsements to their senators and representatives.

When we wished to reach the people in towns where we had no nurses or knew of none, we asked the women's clubs in those places to arrange for a meeting, sending our representative to address the meeting, and if possible to read the bill. At all meetings an opportunity was given for questions and objections, which were answered and met, all suggestions being carried back to the legislative committee. Letters were sent to hospitals asking the endorsement of the medical staff, in some instances of the trustees, also of each superintendent of nurses and individually to many of the prominent members of the medical profession throughout the state, to nurses calling attention to the necessity for personal work and stating the name of the senator and representatives of her district. The education of the public, as well as of many within

our own ranks, a more cordial attitude from the medical profession, a feeling of friendliness from the very best of the untrained women engaged in nursing, has certainly been the result.

I would suggest that, long before you need it, a list be made of hospitals having training-schools, a list of alumnae associations, of county societies where you have them, also of county medical societies and women's clubs. That every nurse belonging to your state associations be asked to send her name and address with the number of the legislative district in which she lives, and a list of other districts in which she has friends whose influence will be of value. This is especially necessary in large states such as Illinois, in which we found many legislative districts where we could not locate a single nurse. To one who has not attempted it, it is impossible to realize the immense amount of work involved in finding the boundaries of the districts, and then attempting to locate the resident nurses. Every nurse in the state ought to use her influence, but how few feel this, and the question for the legislative committee is how to find the nurse and make her realize that she personally is responsible for the success or failure of the bill, for we must reach the home people of each legislator. As Miss Palmer says, "they do not care what we want, but they do care what is wanted by their constituents." After a town has been visited, keep in touch with it, enthusiasm is easily aroused, but it dies as easily, the effort which bears no fruit is useless. I firmly believe that if you reach each man through his home people, you will not have to do one-half the lobbying which is so wearying and so humiliating. Just one word more as to your lobby. Send as few people as you can and as seldom as possible. Of course your bill must be introduced and the main thing is to find the right man to do this, one who will have interest in seeing it through, must of necessity be a man who stands for something among his fellows of the senate or house, as the case may be, and I could wish you no better success than to find such a man as Senator Clark who has introduced the three bills which the nurses of Illinois have prepared.

MISS SLY.—The discussion on this paper will be opened by Miss Louie Croft Boyd, a member of the Colorado Board of Examiners.

MISS BOYD.—As a result of experience we of Colorado have come to these conclusions:

- 1.—Arouse interest among the trained nurses of the state and urge upon them the fact that they are the constituents of certain members of the legislative body and should bring their professional needs to the attention of their representatives.

- 2.—Introduce your Bill early in the session and, provided this is your first

effort, in both branches of the legislature. This brings the registration question to the attention of the whole legislative body.

3.—Choose men who are aggressive and influential to father your Bill in both Senate and House.

4.—Confine your work to the nurses, the members of the legislature and their friends, avoiding newspaper and public comment because the newspapers and the public demand results and these you are unprepared to give them.

5.—When working for the passage of your first Bill a nurse is the proper person to have charge of the work, because only a nurse knows the exigencies of the nursing profession and, to use a western expression, she needs to “camp on the trail” of the measure.

6.—Have no other legislative interest except your nurses’ Bill and let no one inveigle you into a discussion concerning the pros and cons of another measure.

In conclusion let me say that each state has certain local conditions to meet. From the conclusions of the different state experiences you need only such as will aid in the solution of your own problems. You have to “work out your own salvation” in the nurses’ registration movement and from personal experience, let me assure you, it is “with fear and trembling.”

MISS SLY.—The paper is now open for general discussion.

MISS AHRENS.—Madam chairman, I would like to say that the two things which have helped us most in our work in Illinois have been the assistance we have received from the newspapers and the sending of a nurse through the state. The first thing for an association to do, that is entering on this work, is to set aside a salary for one woman doing that work. We cannot expect a woman to give up all of her time and do all this work gratis, and it is best to pay one woman to do it. This is the first year we have done this in Illinois. We did n’t pay that woman enough, we paid her what we could, and we thought her work was worth much to us. Our lobbying this year has been a very simple matter, because, when we went to Springfield, we found that the legislators had already received instructions. When you go to them about a measure which they know their constituents want, it is a very easy matter to convince them it is the right thing.

MISS DEANS.—Madame chairman, when we began the campaign in Michigan, it was a question whether or not we should appoint somebody to go through the state. The only reason we did not do it was because of the lack of finances, so it all had to be done by correspondence. Committees were appointed in each legislative district from our superintendents. We felt that perhaps we did make a mistake in taking the medical men into our confidence too early, and I am sure the Michigan nurses feel confident that our Bill would have gone through had it not been for the substitute Bill that was introduced at the eleventh hour by the State Medical Board.

MISS ELDREDGE.—Madam chairman, I would like to say a word more in answer to the speaker from Michigan. Through the kindness of the president of the Chicago Medical Society, and, in the first place, through the kindness of Miss Wheeler, of the Blessing Hospital of Quincy, I was able to get into touch with the doctors. There had always been a great deal of opposition on the part of the doctors throughout the state, but they had never heard from the nurses. When I saw them and they were told exactly what we were saying

to every other person in the state, the doctors were with us and every branch medical society endorsed the Bill. Medical societies that I never met endorsed the Bill simply from what doctors said who had heard me speak.

REGISTRATION FOR NURSES IN COLORADO

By MISS MAUD McCLASKIE

IN common with our sister states we share the great advance movement which has culminated in the creation of state laws. We are agreed on the fundamental objects of these state laws. The first is the protection of each individual nurse in her well-earned right to be known as a trained graduate nurse. The second is the protection of the public from unprepared and unscrupulous pretenders. The third, which is at once the most difficult and far-reaching in its aim, is to obtain for nurses a more uniform and specific method and standard of training. The difficulties that beset the efforts to administer justice in all departments of law are not wanting in the laws for regulating the practice of nursing. We now depart from common ground to discuss the law in Colorado as it exists with the recent amendments incorporated. We omit detail and outline the policy and the methods upon which we conduct the administration of our law. The state board is composed of five members appointed by the Governor for a term of five years each, and is prescribed for in the word of the law as follows: "Each of the members of said board shall be a trained nurse of at least twenty-three years of age, of good moral character, who is a graduate from a training-school connected with a hospital or sanitarium of good standing where a three years' training with a systematic course of instruction is given, and she should be a registered nurse. Two regular meetings a year are provided for and as many special meetings as necessary for the proper conduct of the duties of the board. The president and secretary are required to make a biennial report to the Governor."

In point of order is the question, "who are eligible for registration?" There are four classes of nurses eligible without examination, viz.:

1. Pupil nurses who are now in training who apply to the board before April, 1909.
2. All nurses who graduated prior to April, 1906.
3. All registered nurses from other states whose law meets the requirements of the Colorado law.
4. All nurses who have served in the army or navy of the United States and have been honorably discharged.

Others are eligible to apply with examination.

It might appear at first thought that the latitude allowed by our law is quite too broad to carry out the objects for which it was called into existence. Provisions for safeguarding this are made by the unusual degree of discretionary power conferred upon the board. Rules supplementing the law are made by the board and may be changed from time to time to carry out the purpose as well as the letter of the law. Under this provision, for sufficient reason, any nurse may be required to take the examination. The application consists of two forms: One is a sworn statement by the applicant containing her name, legal address and a complete history of her educational advantages prior to her training; also a history of all her nursing work subsequent to and including her training. This form is signed by two vouchers either registered or eligible for registration in Colorado. The second form is a statement from the present head nurse of the training-school from which she graduated, merely stating that the applicant possesses a diploma. These are accompanied by the applicant's photograph and the registration fee of \$10.00. All applicants who appear for examination are examined by number, and not until the examinations are complete and the final average is obtained do the members of the board, other than the secretary, acquaint themselves for the first time with the name and history of the applicant. This method was adopted to secure an impartial estimate of the applicant's ability to practice nursing.

Through the courtesy of the City and County Hospital of Denver the work of the examiners has been facilitated by having the paraphernalia of a large general hospital for conducting practical demonstrations and the oral examinations. Great opportunity is allowed each nurse to demonstrate her ability to do, as well as to tell. The final average is obtained by the result of the examination, combined with the applicant's educational advantages prior to her entering training, and her nursing experience since graduation. In marking we follow civil service methods, using a weight system on the scale of ten. An average of sixty-five per cent. has been the final passing mark. Of the five hundred and fifty-seven registered nurses, twenty-eight have been required to take the examination. We are accustomed to rely upon our attorney's advice to outline the limits of our discretionary power. Nurses whose applications are complete and are awaiting the action of the board are allowed to practice as trained nurses. Nurses who are practicing as trained nurses and who fail to comply with the requirements of the law are notified in writing to file their application blanks or furnish sufficient reason to the board for failure to do so. Upon continued

delinquency they are notified that they are amenable to the law. Nurses who are expected to appear for examination and fail to do so are dealt with in the same manner. In the revoking of certificates there is little danger of doing an injustice to the individual as it is almost impossible to obtain written charges. As yet we have not been in court and have avoided as far as possible anything of a destructive policy. It has been our aim to obtain compliance with the law and at the same time to bring into harmony opposing elements to subserve the ultimate object for which the law was created, viz., the future educational development of the training-schools.

We have in our law no authority named or implied that would sustain us in an attempt to inspect the training-schools of our state, but during the past two months the training-schools have accorded to a visiting member of our board a most cordial welcome. There has been an almost uniform request for an outline of what the board considers a minimum uniform standard of training for nurses. Suggestions regarding future affiliation have been cordially received. We realize the diverse national elements of Colorado's population and how early in state history we have secured our law.

In so far as we have recognized our local needs we have adopted a broad policy to meet them. We expect to build gradually and securely for the future, and hope to become one of the great unifying elements of a recognized profession.

When all, or nearly all states, have such registration laws that we will be able to advance together step by step, then we will realize more fully how far-reaching and permanent a factor the nursing profession is in our American civilization.

MISS SLY.—The discussion will be opened by Miss Palmer, president of the New York Board of Examiners.

MISS PALMER.—Madam chairman, there is one feature of the work of the board of examiners that I want to speak of particularly, and that is the attitude which its members shall assume towards the training-schools and the nurses coming up for examination. I feel very different about many things to-day, after my four years' work on the board of examiners, from the way I felt at the beginning. We have to take into consideration all the time, and we must for many years to come, the very chaotic conditions that have been existing in our schools for many years, and that are still existing to-day. These schools and hospitals have been an absolute law unto themselves, they have not been called to account by any outside body. They are now being asked to give a report of their method of teaching, the length of time the nurses are on duty, how much instruction the nurses are being given in each branch of nursing, etc. In the beginning I think it is more of a hardship for some of the schools to meet these requirements than we can perhaps realize. Not that

there has not been a willingness shown to meet the requirements of the law, but we know the care of the patient must be the hospital's first consideration, and the training of the nurses has been allowed to become secondary. What we want to bring about by our state registration is an equal consideration of both of these departments of work by the authorities of the hospitals and the schools.

I believe the success of this whole registration movement depends very largely upon the attitude of the members of boards and the inspectors in going into hospitals and making regulations for the teaching and the requirements for registration. I think I cannot emphasize this point too strongly. The attitude must be one of helpfulness, a desire to aid in the development and in every way coöperating with the schools, large and small, giving each one of them every possible opportunity to meet the requirements of the law, without its working too great a hardship upon the administration of the hospital. We must make the nurses coming up for examination feel that it is not the desire of the boards to turn them down, but that it is the desire of the examiners to pass successfully as many applicants as possible.

In New York State, since we have begun our examinations, we have been simplifying our questions at every examination. We began with what we considered a reasonable standard and we have been lowering it ever since, because what we thought was a reasonable standard a great majority of the schools said they were absolutely unable to meet.

There has been much criticism of the kind of schools that have been permitted to be recognized, and undoubtedly there are a good many on our list that we ourselves would like to see cut off. But the attitude of the Education Department is perhaps better than ours would have been, and that is that if we place a school on the registered list, it will give it an opportunity to comply with the requirements of the law and we can give it every possible assistance and all the help the state has at its command and all that the members of the board have from their experience; and then, if it fails to comply after a reasonable number of reprimands, etc., cut it off. I believe, although I did not entirely approve of it in the beginning, that it is the best way. I think we might have had almost an insurrection in New York if we had not had the advice of the Department of Education to guide us and keep us balanced and prevent our rushing ahead and thinking we were going to reform the earth all in two or three years.

One thing that has impressed itself upon me very strongly is the fact that so much of the teaching in our schools, as is shown by the examination papers, is along the line of medicine instead of nursing. For instance, in my own questions last time, I had what I thought was a very practical nursing question, something like this, "Give in detail the nursing care of a case of abdominal surgery for the first three days after the operation"—I haven't put it very well, but that is the sum and substance of it. Out of sixty-five papers that I examined, not more than half a dozen touched on what I call the strictly nursing care at all. Nothing was said about the daily morning care, the respiration, temperature, pulse, the bath, hair, nails, teeth, back, etc., the routine we are all familiar with and that we have been teaching since nursing began; but, almost without exception, the papers were devoted to the emergencies that might arise, the medical treatment which the nurse would be justified in

giving in the absence of the physician and the treatment which the doctor would give when he came. Now, there is something wrong in the way that nurses are being taught in our schools when they come out with the medical idea impressed so deeply on their minds. The one thing which they ought to remember is the nursing care. In answer to a simple question of what is the cause of pus in a wound, I had some splendid answers, but I also had pages and pages of technical terms misspelled, as if they were trying to remember something they had heard in a lecture about the infection of wounds and the different kinds of micro-organisms that produce pus, without really understanding much about wound infection.

Now we have these conditions confronting us and we have to rectify them. As I say, in New York state we are coming down all the time to simpler questions. It is not only in my subjects that this lack of simple, practical training is evident, but in all the other subjects. Many a school is turning out nurses who do not understand how to give a dose of castor oil, nor how to make an oyster stew; and it is not the poor schools altogether, either. So we must go into those schools, not in a spirit of criticism, but of helpfulness, and not in criticism of the women who have given their time in those hospitals and come out so badly equipped. I feel more and more every year that perhaps we have been going ahead too fast, that we must give the schools a longer time to adjust themselves to these new conditions.

MISS SLY.—Miss Alline, who is training-school inspector in New York, has consented to say a few words with regard to her work there.

MISS ALLINE.—Madam chairman, I do not feel that I can give a report, until I have canvassed the entire ground, until I get the work so in shape that I will know myself what I am to do the following year. I have been unable, in the few months I have been there, to cover the state of New York and visit all the registered schools. I have visited over ninety institutions. We had on the list one hundred and six registered schools when I went there; we have on the list now one hundred and eight registered schools. While we have registered a number, a few have dropped back, so that we have only increased the number by two in the six months.

The only guide I had when I went to Albany, was the advice of the Commissioner: "Take your time in seeing what the work is, getting the lay of the land; don't have too much in the way of philosophy for the first work." But when I turned to the work itself, I found so many things that needed prompt action that I found I had to take up the work; I had to talk to the men, I had to tell them what the standards were and how they could improve their conditions so as to come up to the standards. So I had to take up what was already laid out before I could make a real canvass of the entire state. My endeavor will be to cover the entire ground as rapidly as possible in what might be called a superficial way, simply to go into the schools and find out the actual conditions that are presented on the surface, then make some definite plan of action, and go through all the schools with the main points before me. That will be done this coming year, and I hope to spend some time in the class rooms of the various schools. I also hope to spend some time in the wards, that I may know the actual work, practical and theoretical, that is being given to those nurses before they come up for their examination and the R. N. What I have found so far has been very interesting, and I have been cordially received

everywhere. They are very glad to have some one come in from the Education Department and help them obtain what they have been working for practically alone. Besides the definite things that are stated in our requirements as to the length of course, the standard of admission and the course of instruction, we all know that there are many things that go to make up a school that must be looked after with just as much care. How much of that work I could take to the board of regents and explain to them and have them back me up in any definite action upon, I did not know until I had tried. But I think if you will canvass the ground in your states, you will find conditions that are most astonishing. I am sure I found such in New York State. There were conditions in some schools that we could not stand for, no matter if they met the full requirements laid down specifically; as to beds and all of that, they have them, but they are not caring for their nurses in such a way as to make students of them, help them in their work and turn them out as representative nurses in the end. The Education Board of New York is ready to back up anything of that sort and say to a school that it cannot be a registered school unless it met other requirements as well as those that are specified. I have found all over the state, schools that are doing their best to meet all the requirements, meet them fairly and squarely, and those the board of regents has arranged to help to the very limit, it does not make any difference in what respect. But it is a strange thing to note how a criticism sent out by the board of regents to a school will reach every person interested in that school, whether the medical staff, the board of trustees, the ladies' board, or what not. In that way I think we can hope to gain a great deal. We know that the superintendents have long struggled hard to meet those requirements, but they have been in many places practically alone, now it goes beyond them. The reports from the Education Department do not go to the superintendent very often, they usually go to the chairman of the board, the chairman of the ladies' aid, or possibly to the chairman of the board of trustees. In that way it is something that is waking them up in every direction. It would take years to accomplish what has already been done by working through the Board of Education, and reaching directly those who have the power to remedy the faults.

THE RESPONSIBILITIES OF THE REGISTERED NURSE

By HELEN SCOTT HAY

It seems one of life's little ironies that a paper on a subject of such perennial importance and magnitude as the foregoing should be delegated to one who is neither a registered nurse nor of those whose splendid labors have made the registered nurse a possibility, and whose lot, moreover, has been cast in the past years of state registration's storm and stress away from the centres of conflict. For this seemingly audacious undertaking I have two excuses. The first is that the paper will, in any case, serve as a preamble to the argument, a prelude where the interest increases as the end draws near. My second excuse is based on a fact we have all learned, viz., that criticism, suggestion, advice, are always a plenty, possible and impossible, coming from those in the profession and out of it, from those who know least of the subject in hand to those whose study and service give weight to their opinion. And so, since one of the first duties of every nurse is to be at all times the vigorous exponent and defender of the best that registration stands for, it behooves her to get many another's viewpoint than her own. For even the poor argument may not be without didactic value.

Whatever may have been accomplished, so far, in the creation of standards and realization of ideals, to me the title "registered nurse" implies the possession in the highest degree of honor, dignity, and genuine worth, and so in discussing the registered nurse's responsibilities, there comes to my mind that fine old motto "Noblesse Oblige"—nobility imposes obligations—than which there could be no finer maxim for all of us to make our own. First among the newly-imposed obligations, I would mention one of the comprehensive responsibilities of the registered nurse that relates particularly to herself. It would seem a self-evident truth that the registered nurse must be a broad-minded, cultured woman; but are we each one willing not only to *admit* the truth of this statement, but to *demonstrate* the truth of it? Are we willing to put forever behind us that superficiality which is more or less a weakness of the sex, and which, compromisingly and continually, puts forth as our best, the mediocre and half-done? Are we ready to acknowledge that our supposed inability to write and to speak has been really only indolence and indifference? In the old order of things, a shamefully large army of us crept behind our working sisters, regarding their efforts with gratified complacency. Now it is we, individually, each registered nurse,

who must "make good," and demonstrate to a questioning world that we belong unquestionably to the nobility of learning. This implies that all our utterances are pertinent, thoughtful, vigorous; and of the avenues open to us, none presents more splendid opportunities for reflecting credit on ourselves, and our newly-acquired title, as also on our profession, than the publications that are ours to create and maintain.

No carefully selected body of collaborators, no boards of directors nor editors, however able they may be, can make a representative professional journal any more than, in civil affairs, the rule of the few can establish a democracy. Neither can a body with pretensions to solidity afford to shirk the individual responsibility in a question that comes so close to its very life, for on the high character and virility of our publications will, to a large degree, depend the position and prestige accorded to us by that mentor, public opinion, who, whether we choose to recognize its power or not, has much to do with our ultimate failure or success. However good *THE AMERICAN JOURNAL FOR NURSES* may be, the American Journal for registered nurses must be *better*, and you individually must come to the front determined to help make it so. In every article published there must be evidenced a sound knowledge, and a timely subject; experiences that are worth while; originality that removes it from the charge of having been taken bodily out of our old text-books, and a regard for the recognized rules of composition. Every one of you in five years' experience has that which is worth telling; three-fourths of you, at a small estimate, can put those experiences, or the larger knowledge in good form for publication. Here, also, you may have opportunity for a personal sacrifice that the end amply justifies, viz.: burying your hurt pride over the editor's blue penciling of your contribution, magnanimously taking comfort in this thought, that your sacrifice means improvement, the bringing more closely to perfection of that which we all hold dear, that is, our professional standing. A popular fallacy is that our best contributors have only to sit down with pen in hand, and without effort or solicitation, turn loose their mental activities, when speedily the article is ready for the press. There are a few, perhaps, who can adopt this method. Most of us, unfortunately, find writing the same as any other effort that is worth while, accomplished only by painful labor, and at the sacrifice of precious hours of relaxation. Are each of you registered nurses willing to demonstrate your genius for such hard work, to assume your responsibility of the labor that thoroughness, concentration and constancy mean?

The outward manifestation of the inner culture brings us naturally

to a consideration of the responsibilities of the registered nurse, as related to her profession. In the large problems continually coming up for settlement, the registered nurse will have large responsibilities. Yes, another platitude. But in this connection I would mention first the need of all registered nurses realizing their responsibilities, and the private duty nurse in particular. The subject under discussion may be a *propos* of length of course of training. Every nurse, be she superintendent of a training-school or not, whether or no she can discover in the subject any immediate gain or relation to herself, owes it to every member in her profession, and to every young woman who shall make up its personnel later, to give so important a subject her thoughtful consideration, and to pass her opinion on to those who, knowing well the importance of the issues at stake, and their own finite powers, are nevertheless, forced to make the decision. In the days gone by, sisters, you who have chosen the less public walks of life, have not the superintendents and public workers by dint of hard labor settled many of your difficulties, increased your opportunities, dignified your calling? And is it not time, now, that you reciprocate, and give them at least your opinion on the questions that are so long and so difficult in settling? Opinions valuable, because thoughtful opinions; because representing the points of view of those outside the rank of institutional workers. Opinions valuable also, no less, because thoughtful consideration has given with breadth of view a fine toleration for the opinions not our own, and that regard not as a personal affront the judgment that arrives at conclusions other than ours.

And the second point in the expounding of this platitude, viz.: the responsibilities of the individual registered nurse in the settlement of the big problems, has to do with the great need of intensive and extensive practical and theoretical knowledge of these same problems. A consideration of first importance is this, that the possession of registration laws, and their successful enactment are but the first steps in the beginnings of a large work that will require trained minds, and strong hearts to maintain and carry forward. It has been the few, hitherto, who have fought the battles and "borne the burden and heat of the day." These leaders will soon be dropping out of the ranks. Woe to the state or association that is forced to give important commissions to the untried recruits of the day. And if less than the drill and experience of years of working service is adequate preparation for leadership, then must we acknowledge our aims as poor and mean, as our claims to solidity and worth are preposterous.

Another place where large obligations are imposed on the regis-

tered nurse is in connection with the hospital that sacrifices to personal preference or pecuniary gain the training-school and the nurse. It may be the poor conditions exist because better ways have not been shown; and to such, and there are many, the registered nurse owes it to demonstrate a genuinely missionary spirit, that, having that which is worth while, sound knowledge, good motives and high ideals, she is eager to pass them on to others. And if there is the smallest possible chance for any improvement, it is the duty of the registered nurse to undertake the work. If the good workers confine their efforts to the good training-schools, and turn deaf ears to the second, third and fourth class schools that possess even a very small desire for improvement, then will the betterment of numerous bad conditions be a deplorably long time coming.

I have spoken somewhat of the responsibility of the registered nurse to herself, and to her profession. There is another relation where she has much to do if she would give that beauty and dignity to the title that we all crave for it; that is her responsibility to society. One thing that will most certainly be expected in every nurse that bears the title, is the spirit of altruism—the spirit that, regardless of personal or professional gains—desires to do good to all men for the sake of helping them. No criticism has hurt more, because none has come so near the truth, as that which accuses us, rank and file, of being selfish and narrow. Whatever we may make “Registered Nurse” mean to the public, so far as intellectual or professional standards go, we must each of us certainly demonstrate that we are living that old motto of John Wesley’s: “Do all the good you can, in all the places you can, at all the times you can, and as long as you can.”

The responsibilities of the registered nurse? They are anything and all things that count for personal, professional and social betterment. They are far-reaching and comprehensive as the opportunities that are hers always everywhere. Visionary? It may seem so, but it is only what the world will require of us, whether or no we are requiring it of ourselves. And instead of our falling short of expectations, let us demonstrate that we are all honestly aiming at the realization of that splendid ideal that animated our leaders when long since they took the first steps that led to the creation of the registered nurse.

MISS SLY.—The discussion will be opened by Miss Mary G. Packard, President of the Maryland Association.

MISS PACKARD.—Somewhere I have read a so-called poem entitled “Have courage, my boy, to say no.” Whether there is a companion piece giving like good advice to girls, I do not know, but possibly that would not be considered worth the effort, as a woman’s no is so often taken to mean yes.

In any case, I am opening the discussion following this interesting paper because I had not the courage to say no. I feel that I owe you this much of an explanation, for I believe that I am the very poorest one to speak on this subject as I know very little of nursing conditions outside of Maryland.

We come together to-day, most of us, as registered nurses. What does that mean? Registered nurses, our names on some official register; or enrolled nurses, our names on a special roll; or enlisted nurses, our names on some particular list. To be registered, enrolled or enlisted means to engage and place ourselves on the lists for service, and that is just what we have done, we are on the lists for service. And that does not mean simply the work of nursing, but wherever we as women can use our special knowledge for the betterment of mankind.

A man anywhere, and under any conditions, is expected to be loyal to his country, but after he has enlisted he must be ready to go into the thick of the battle in defense of the right. So we as nurses should be brave and true at all times, but as registered nurses our responsibility is great. We cannot live unto ourselves, what we say and do affects every other registered nurse, and just here is our great opportunity and privilege, as we rise to our best we help every other nurse; and we help make firm the value of our profession. A profession signifies that which we profess to do. If we profess to be the best nurses that there are, then we must be. That is our duty.

As registered nurses we must now exercise our strength to uphold the law and we can do this to the best advantage in our associations. I was glad to see *THE AMERICAN JOURNAL OF NURSING* come out so strongly and say that it was the duty of every nurse to connect herself with her state association; there is a tendency to think that once being registered the work of the association is over.

As Miss Hay has just said in her excellent paper—state registration is but the beginning of a large work. I am so glad that she has made such a point of the individual action of the nurse. In our associations we do splendid work (or is it that we let a few do the good work), but as individuals too many of us shirk it.

We also have responsibilities in regard to certain public questions, such as sanitation and whatever pertains to the health of the public; and we should not rest content until some suitable method of caring for all of the sick in our community is made practicable. What other profession can show a more rapid growth within the past thirty years? And we are still making history. What we do will be spoken well of, or condemned, according as we do well or ill.

We like to feel that when nurses are spoken of as being noble, self-sacrificing and generous, that it is in such a large sense true, and yet is there not one responsibility due to ourselves and to others that we sometimes forget, and that is to prepare for the proverbial rainy day?

We do not want as a profession to be reduced to living on the ragged edge of things, so to speak, whenever the unexpected occurs. So let us stop and consider: if a long illness or enforced idleness should come upon us, could we individually meet it in a dignified manner?

Ought not this question to claim some of our time and thought? Whether this need can best be met by pensions, sick benefits, or the individual personal effort of each nurse for herself, is a matter for further discussion.

The registered nurse stands to-day more or less as a debutante and needs to be chaperoned and properly introduced. In Maryland the board of examiners of nurses is about to get out a report of its work and this will include the names and addresses of all of the nurses registered in that state. This is to be sent to physicians and to other people as are thought to be interested.

Nurses themselves can do much to give the letters "R. N." value and significance. It is only now and then that we see them used, but should they not be used on all professional correspondence, all official business; and whenever the name is used in connection with nursing? In this way we can educate the public to expect it; so that by the time our sister states obtain state registration it will be the exception to see a nurse's name without the "R. N."

REGISTRATION OF NURSES IN CONNECTICUT

By EDITH BALDWIN LOCKWOOD, R.N.

THE present legislative troubles have made so prominent the difficulties of the registration of nurses in Connecticut that a paper dealing with the subject must necessarily give small consideration to the advantages and achievements which in different contrast would not be inconsiderable. The Graduate Nurses' Association is proud of its child "R.N." and expects when grown it will be a great comfort, but confesses candidly that to bring it up in the way it should go is a care and trial equal to that of the hen with one chicken. To a state about to adopt as its own a law like our R.N. law we should advise "don't," but for our own-selves we will defend and amend until it is a credit to us.

The advantages of the law are chiefly to be seen in the effect on the training-schools for nurses, nearly all of the eleven chartered schools of the state having made an effort to bring their courses and curricula into conformity with the eligibility requirements, and the idea is obtaining more and more that in the training-school lies the most important field of endeavor. It is the competence of the individual nurse, and the scope of the instruction given in the training-school now, and in the years to come, on which the value of R.N. depends.

The lack of true understanding of its purport is perhaps the most serious drawback to the success of registration, not only the public but many nurses regard it as a union, a measure of protective value to the individual nurse and prohibitive of nursing by others. As an educative measure for the elevation of the profession, it is but little understood. Whether or not the nurse be an "R.N." makes little difference; neither the doctors or the public are demanding them. A few registeries enroll only R.N.'s but the nurses are asking wherein lies the value of registering. The work of the state associations has been along these lines,

having discussed the responsibility of the R.N. in its various phases during the year, but still the great rank and file of nurses and the public do not understand.

The existing law, which was framed by the judiciary committee of the legislature as a substitute for the one introduced by the Graduate Nurses' Association, is deficient in many essential qualifications, due both to its hasty construction and a lack of knowledge of just what was required. The board of examination and registration created by this law has been subjected to severe criticism, both from the public and from the nurses. That the board as a whole has carried out the purport of the law in spirit and in letter to the best of its ability, is without question, but the powers conferred by the law are of such sweeping dimensions as to have brought upon it such appellations as "an iniquitous body," and "a close corporation" and also the charges of being arbitrary and dictatorial in its rulings. Its personnel being entirely of nurses, its decree a finality and the wide scope of the phrase "or such qualifications as the board shall find equivalent" have caused considerable dissatisfaction, and from this dissatisfaction have arisen the three measures for amendment now before the legislature.

The law needs amending. Our present effort is, however, to prevent, if possible, the passage of the measures now before the legislature, holding the law intact, until the next legislature convenes and then to offer such amendments as we have proven needful. If it is impossible to hold the law intact now, we shall offer, or accept, such terms of compromise as, while not materially changing the law, will be consistent with our position and will satisfy our antagonists; then in due time make the desired changes. These changes must embody something of this nature: A lessening of the supreme power of the board; a limitation of the time for the consideration of applications; a proviso for the revoking of certificates for other cause than actual conviction in the courts of crime or felony; a proviso for the removal at certain intervals of certificates, and their being filed as public records; some form of appeal from the decree of the board, or the addition to it of a board of advisory councilors.

These and perhaps other changes we hope to make two years from now; but if, as our opponent threatens, we are "wiped from the face of the earth by his pulling the wires, he has laid in the house," we will hope, though our metaphor be as mixed as his, to rise like the Phoenix bird from the few ashes left from his wire-pulling wipe.

MISS SLY.—Miss Parsons, of Baltimore, has very kindly written a short article on the effect of state registration in Maryland.

THE EFFECT OF STATE REGISTRATION OF NURSES IN MARYLAND

By SARA E. PARSONS, R. N.

THE law for the state registration of nurses in Maryland has been in effect since March 25, 1904—just a little over three years. At present we have six hundred and twenty-two registered nurses in Maryland, forty-one of whom are graduates from schools outside of the state. Our state society of graduate nurses is composed of about three hundred and twenty-five members.

The Maryland law is considered to be one of the most difficult to live up to. Nurses applying for registration after June 1st, 1906, being required to have the equivalent of a high-school education and three years' training in a general hospital. Some superintendents have interpreted this to mean that candidates for admission to the school must have had the equivalent of a high-school education, and have consequently been greatly hampered by lack of applicants meeting this requirement. On asking one of the superintendents of a large and successful school if she had any trouble in this respect, I was told that if the applicant had the education that made it possible for her to do the hospital class work intelligently, she felt that at the end of three years' training there was no question but the nurse had had at least the equivalent of the high-school course and was eligible for registration. There are in Maryland fifteen schools of nursing that might possibly be expected to register; three of these are outside of Baltimore.

In order to get as much information for my paper as possible, I wrote to or talked with the superintendents of these fifteen schools. All but four responded cordially and some very candidly. I asked what each one thought personally of the state law; how it affected her school; what changes in the curriculum had been made and whether she knew of any opposition to the bill. I found that the majority of the schools had been forced to affiliate with others to get the necessary variety of experience for their pupils. This affiliation is as yet not an unmixed blessing, though blessing it undoubtedly is; but until all schools have an equally good reputation and secure an equally desirable class of nurses it will not be an altogether satisfactory arrangement. Some superintendents have found a certain demoralizing influence as to discipline, etc., when their nurses leave them for three or four months to serve a term in another hospital; this is particularly true when the junior

nurses are obliged to go out from under the care of their own superintendent. There are five schools that find a decrease in their number of applicants which is attributed to the state law but the quality is better. One of the small schools is ignoring the law and sending its pupils out to district and private duty while in training, according to the conviction of the superintendent and the board of managers, who believe they will train better private nurses thereby and will be of more service to the community. Another small school has struggled valiently during the three years to live up to the state law requirement, but finds it impossible to provide adequate instruction without the revenue derived from private nursing of pupils in training. The law has been unsuccessfully attacked once and there is a possibility of legislative opposition to the bill from people in this community. The universal and pronounced effect of the law in Maryland is a discovery of the defects in the nursing schools and a great activity in line of improvement. No other argument would have convinced some of the managing boards of the necessity of providing proper instruction for their nurses.

The next remarkable accomplishment for the community has been the establishment in Baltimore of a Domestic Science School. The support promised by those hospitals unable to furnish their nurses with instruction in dietetics was the only thing that assured the success of the enterprise, and the state law was the compelling force behind the patronage of these hospitals.

This one result indicates how much the nurses of the future and the public, which they are educated to serve, owe to those who secured the state registration law.

WORK AND OVERWORK

By MARTHA SMITH

It has been said that shallowness is a vice; so when I repeat to you the strong point made by Mrs. Mary Livermore at the Boston Convention, you will pardon a repetition when you realize as I do that there is great depth in the truth and that it forms a strong anchor for everybody. "To work" signifies "to labor." But I want us, as workers, to know that *overwork* is labor and faulty labor in the individual at that. When we hear a person speak of her work, we know that she is doing that in which she is happy and successful,—that which is not outside the range of her capabilities. But when you hear a person say that she is *overworked*, you know that her statement is the measure of her own incapacity: she is surrounded by conditions with which she is unable to

cope. What work really is, is not our theme; but what our understanding of the word is. We wish to agree on a set of terms so that we can arrive at a conclusion.

Let me see if I can bring you all to one point of agreement. Unless I can do this I must reach out for each one's point of view and explain backwards. That would take a very long time. Whether you have an opinion or not on this question of work and overwork, so much talked about, I have, and I am here to try to make it clear to you representatives of hospital training-schools. For when hospitals and nurses are spoken of, it touches each one of us as if the words were spoken of our mothers and our sisters. *Work* is all the detail necessary for bringing forth ideals, ambitions, profits. To overwork is to be imposed on or to impose on ourselves. To say that one is overworked is to state definitely that the speaker is dissatisfied, just as surely as to talk of ambitions and profits is to voice our satisfaction with our own mental conception which leads to things actually accomplished.

We of the nursing profession want all our reinforcement to avoid personality, and shop talk and to live the bigger life that we are striving to maintain. To do this we must stop talking of overwork; it shows discontent among ourselves and creates a tendency to frighten away from our ranks good recruits; and it does not help those who are in the work to keep their hearts light and their outlook bright. Overwork means over-hours, for no one can put more than an hour's work into an hour. The one who can put the most into an hour is not the overworked, but the most skilful,—the one who uses both her body and her mind most accurately. It seems to me that it comes down very clearly to the proposition that overwork means that you are asked to work more hours than were agreed upon or else that in working, something out of the normal goes on in you. Something unusual does go on in you, when it seems to you that you are overworked; but that is your own affair and why appeal for help to something outside yourself? The remedy is in learning how not to overwork even if you have to work ten, twelve, fourteen or eighteen hours a day. Extreme demands on a nurse's energy are unusual and should not be so much commented on.

When it seems to you that you are overworked, it is because you have been asking an impossibility of yourself, according to your present estimate of how many hours and how much work your body can contend with. Even your brain will get tired if you don't understand how to think. Seek an understanding of these things, for as with Topsy, who "just grow'd," the slavery under which we were born has past away. We are no longer in bondage to the amount the nurse before

us did or did not do. We are in a record-breaking period and it has come about by the individual's studying herself and setting herself right. Formerly we used to try to set the family or anybody else right, and here we overworked until we were blind to our own confusion. It is a simple case of the moat and the beam. The remedy lies in studying out the correct way of using our minds and bodies and then attending a good deal more to how we do use them, and not so much in counting hours and beds or in setting other people straight. Many years of experience have proven that a woman with a well-poised mind and body can keep well and what is still more, that she can *develop* during her regular hospital training. So it comes down to the same point—"work" means a normal, right use of the body, and "overwork" means a wrong use of your body, *by yourself*. No one else uses *your* body.

I believe that if all probationers could be taught not to overwork their bodies in ordinary, necessary efforts, the terms "long hours," "close confinement," would pass out of the nurses' vocabulary; and these terms are generally conceded to be at the root of the present problem now before the superintendent of every training-school, "How do we account for the marked falling off in the number of applicants?" We nurses have chosen to do an exacting, fine work; so we should understand that our duties may easily be more exacting than a teacher's or a dressmaker's; but our object is greater: we are aiming to preserve health, or possibly life itself. We are not making a class average or a suit of clothes. Let us get away from commercialism and the hour schedule, that has a tendency to creep into our high calling and look more to those things that tend to enable us to give more and more gracious service; and let us cease to ask for fewer hours. Our work is not based on a scale of time or place. It is where we can be of service and as long as we can be of service. If every woman understood how much muscular action it requires to keep a body clean, she would call a morning's work on the ward a great opportunity to keep free from the unpleasant results of waste in her own system, and name it a pleasant necessity, *not work*. It is necessary to perform a certain amount of muscular work whether you do it making beds, in the gymnasium, or by massage. So well is this understood that with people of means who have been ill and who wish to get out of invalid habits, but whose home conditions and social duties do not permit them to do the work of a housemaid, some form of work is taken up that will not clog the household machinery in any way. I know one woman who, under the doctor's directions, does some laundry work, and another who saws all the wood used for open fires. Both these women work the nervous tension out of

their muscles and most of all bring co-ordination between mind and body. And it is work they do not talk about; when they finish it they leave it in the basement where they did it.

A woman in one of these beautiful Virginia homes said to me once, "Mrs. A., our neighbor, was a nurse but she has 'nervous prosperity' now." I said, "That is a new sickness to me." She continued, "Mrs. A. had always worked about the house before her training, but now she does not have to do a hand's turn, and she has been sick most of the time since her marriage." The complaint comes back, trained nurses do not want to keep the bedroom, and perhaps the bathroom, clean; but when a patient is very ill a servant cannot come into the room; and as the patient convalesces, much of the work can be done by the nurse if she be quick and methodical. She never need be clumsy or untidy, and much of the tension that had unawares crept in during the serious symptom period, with its attendant symptoms—lack of appetite, not very restful sleep, sluggish bowels—would be overcome and in this way the nurse builds up while the patient convalesces. Those who talk of overwork are they who bring upon us, as a body of workers, the charge that "it requires an additional servant if you have a nurse in the house;" or "the nurse's salary is only one of the many increases in expense when there is sickness;" or "there is always discontent among the servants when we have a nurse;" or worse still, "we need some one but it is such a question to have a nurse on our hands all day." Where is the tact we claim, and the comfort nurse? Is our technical education crowding out these elements in our nurses?

To realize that your position in life or occupation does not determine your health or happiness is the *first* point to keep clearly in mind. Your spoken opinion is to the world at large and to the one you are speaking to in particular, your own estimate of your own tactfulness is the *second* point *never* to forget. The only change that can ever be made in your position, occupation, health or happiness, can only be made by your own change of opinion, thus changing your manner of receiving and giving out impressions; and this is the *third* point, and the one which crowns you with success. She only is a woman, with all which that word means, who continually proves herself so by meeting the sordid side of life bravely.

When the comfort nurse comes, it will be when the nurse's greatest pleasure is in the greatest of all exercises; this exercise is a mental exercise but it acts on all parts of the body, and stimulates every department of the physical; for if you did this one exercise the unused parts would come into play and the overused parts would be given a rest; and

not until you do according to the Golden Rule, put yourself into the other one's place and then act as you would like to be acted towards, can real prosperity come again into our training-schools, and our ranks be continually reinforced by women of the same quality as Florence Nightingale, and the women who did such splendid work in our own country during the Civil War.

The secret of success was told by Mrs. Mary Livermore at the Boston Convention; her words still ring in my ears. Let me read them to you: "Some five or six years ago I had a friend who was in her last sickness. She came from insane stock, but by great care and unusually wise management she held her own through life until she had almost reached the half-way house between birth and death, when she broke down entirely and eventually passed away. But it was then that the tendency in her system showed itself. She was a very hard patient, insane and strangely insane, with all the animosity in the world against those whom she loved as she loved her very soul, unwilling that they should come into her presence, so violent and unreasonable that husband and children, whose hearts were broken at the thought that she was to pass from them, could not even step inside the door. One nurse came, who gave it up the first day, then another and another and another, until the fifth came, and with this fifth came this little added recommendation in pencil: 'This lady has been very successful everywhere she has gone with very nervous and even insane patients.' She went immediately to the bedside with the face of an angel. She was not what you call pretty ordinarily, but there was that in her face that made her look angelic. As I saw her meet the patient, I said, 'It is all settled, now; all this violence is to cease.' She took her by the hand, and the patient looked up and said, 'Why, I like you—you may stay.' And so she stayed. There was never a moment when there was any violent demonstration. Even the poor husband and children might come in and stay a few minutes and say comforting and tender things, to which they cling among the sad memories of the situation. And all the while the nurse held the situation. When I asked her if it were hard for her, she said she was obliged to keep her mind steadily on her work, and I must excuse her if she didn't talk much with me. So I said nothing more. At the very last the dying woman said: 'Do you know how to pray?' 'Yes!' 'Will you pray with me?' Taking her hands between her own, she prayed so tenderly, so simply, that the dying woman said, 'Stop at the end of every sentence, and let me say it after you.' And they went on together. When she ceased speaking, the nurse said, still reverently, that she had ceased to live."

She understood St. Paul's injunction "to stand." If every one would feel this and have the courage to make the same explanation, a change would begin at once; for, like all changes, it has to come through the individual even if it is trying to change a school or a nation. Do you want to know whether you are on the edge of this condition called "overwork"—"not satisfied?" Examine yourself and see if you are mentally sluggish. If you have not a keen interest in everything you meet, and a willingness to put everything aside when it is time to attend to duty, you are leaning that way. Only with this ability to lay a thing down completely and to take up the next thing just as completely, will your work prosper, and an evenness of health be maintained.

Let me conclude with what may seem a fragment of a quotation, but please do not be too quick to finish it and so let the fine meaning slip: "I count not myself to have apprehended; but this one thing I do," said the great scholar and teacher St. Paul. How humble, a lesson in humility containing the vital truth. Mrs. Livermore finished her story. "I have cultivated the acquaintance of that nurse. A woman of perfect self-control. A woman—I dislike to use the phrase, there is so much cant these days about it—a spiritual woman. A woman who was aware of the higher and holier atmosphere in which a consecrated soul lives; who had no thoughts of anything but to help the distressed, and especially those suffering from psychical sickness. 'For,' she said, 'there is such a close relation between soul and body, you cannot help one without always helping the other.' I rather think that is true. She knew how to draw on the imagination of the disappointed and despairing patients. It is necessary, I think, in order to be a good nurse to be a little better woman than if you were to be a wife, a teacher, a minister, or to occupy or fill any one of the other positions that are open so plentifully and abundantly to woman at the present day, and I have been held by an invalid in my family straight on for forty-nine years in the very valley of the shadow of death, and ought to know something of the value of the nurse, who make the best nurses, and who are likely to be the mightiest and strongest helpers."

Thursday, May 16

MORNING SESSION

After the roll-call at nine A.M., the secretary read a telegram from the California State Association:

"To the nurses of the Associated Alumnae in Richmond assembled: Greetings and best wishes. California welcomes you in 1908."

"CALIFORNIA STATE NURSES' ASSOCIATION."

THE PRESIDENT.—There is a letter here from Miss Goodrich regarding the Hospital Economics course from which I will read an extract:

"We are so anxious to endow our own Chair at the Teachers' College this coming year. We feel perhaps our profession does not understand that Miss Nutting's appointment was for a larger field than for our Hospital Economics course; that it was an appointment made by the College, and should she for any reason be unable to continue the work, her successor would not necessarily be a member of our profession."

In a letter to Miss Banfield, Miss Nutting begs our Association to make every effort to endow our own Chair. With one of our leading women placed there to carry on the course, it would be invaluable to the institutions all over the United States..

The Bellevue and Allied Hospitals have offered for field practice their free hospitals for nurses attending the course.

This will be a splendid opportunity and give what has previously been lacking—opportunity for practical work. Last year, I did not quite understand it, I thought Miss Nutting's work was to relate exclusively to hospitals, but I find her work covers more, it is for a variety of institutions, not merely hospitals. If there is any member who wishes to introduce a motion that we discuss this and take up the subject, I will receive it.

On motion, the association voted to take up the discussion of the Hospital Economics course.

THE PRESIDENT.—I would like to call on some one from Michigan to tell what has been done there.

MISS DEANS.—MADAM PRESIDENT, AND MEMBERS OF THE NURSES' ASSOCIATED ALUMNÆ: The graduate nurses of Michigan beg to submit a report of their efforts to raise a portion of the fund for the Endowment of the Chair in Hospital Economics at Teachers' College, Columbia University.

At the first annual meeting of the Michigan State Nurses' Association held on March 2, 1905, the late Miss Mary E. Smith, at that time a resident of Detroit, gave a paper on "The Course in Hospital Economics at Teachers' College," which was followed by an earnest, forcible and personal appeal to the nurses to support this measure for the advancement of higher educational standards. She inspired us with a firm desire to assist in establishing this permanent, scientific, normal training-school and as a result the association, as a body pledged itself to raise five hundred dollars or approximately three dollars per member.

When the amount had reached four hundred and sixty-seven dollars, a sister of Miss Mary E. Smith asked permission to subscribe the balance, in memory of her sister.

It is with considerable pleasure and some pride that the Michigan nurses send the message that the pledge is fulfilled and the sum of five hundred and thirty-one dollars, possibly more, will be deposited in the treasury of the Nurses' Associated Alumnae, for the endowment of the Chair in Hospital Economics.

MISS NEVINS.—Madam president, to use a much abused term, I think that this is the psychological moment for us to take action, in view of the fact that every nurses' association has laid upon its desk every day, applications for

superintendents. It seems to me that this Association can do nothing better than to endow that Chair, and to endow it at once. I am perfectly confident that it can be done. In Philadelphia, the Superintendents' Society subscribed fifteen hundred dollars the other day in about ten minutes.

It seems to me this is a matter of vital importance for women who want to qualify for these positions. If Miss Nutting, who is a representative nurse of our body, should by chance give up that position, there is nothing to prevent the College authorities from putting anybody into it. I am sure that we can get that seventy-five thousand dollars or one hundred thousand dollars by the first of January. It seems to me that the only way to raise the money is to strike while the iron is hot. If we can, we should put a woman who is a representative nurse in that position, give her an assured income, and a good one, so that we can demand every minute of her time, and it is only proper that nurses should stand back of it.

There are of course schemes for doing that. One of the simplest is this: We have at least eight thousand members, some of us say ten thousand. Mrs. Robb, I think, said twelve thousand including the state associations. If every single individual member would give the income from two days' work—we do not care how she gets it—she can give a lawn party, or anything she chooses, but if she will hold herself responsible for the money, well, we will say for the eight thousand nurses, two days' work pledged to this would mean forty-eight thousand dollars by the first of September, and that, with money from other sources, would make seventy-five thousand dollars; and I am perfectly confident that by the first of January, if you all felt about it as I do, and as you ought, we would have our one hundred thousand dollars, and the thing would be done.

MRS. ROBB.—And then the Chair would really belong to us.

MISS DOCK.—Madam president, provided we get this money, will the government of Columbia University allow us always to control the appointment? Do universities do that when they have chairs endowed?

MRS. ROBB.—In the very beginning, when I had my first talk with the president, I told him that this body of nurses had made a great effort to raise the money to endow the Chair, but that we must understand distinctly whether that would place the control of that Chair in the hands of the college, and he told me that we would control the appointments.

MISS DAVIDS.—I want to say, in corroboration of what the last speaker has said, that when a chair is endowed in a college or university, it is endowed with whatever stipulations the people make who endow it, and the endowment is accepted subject to those stipulations.

THE PRESIDENT.—I will now close the discussion. Please state in what form you wish to put your motion.

MISS AHRENS.—Madam president, as graduate of this course I feel that I must say something. Every nurse here, although she may not want to go and take this course herself, ought to feel it a privilege to help other women to obtain this opportunity, so that they may be better fitted to go out and teach nurses, because the women who teach, are the ones who make the profession what it is. It seems to me that each state can do as Michigan has done, and then turn the money over to the National Association. In regard to Illinois, I pledged Illinois at the Superintendents' Meeting for one hundred dollars. It has been suggested that each alumnae association pay out of the treasury

ten cents per capita, and then make an appeal to the State Organization. In that way we would reach those who are not members of the state associations as well as those who are. While I pledged only one hundred dollars there, I feel almost sure that I could pledge at least another one hundred dollars for that Association.

THE PRESIDENT.—Do you put that in the form of a motion?

MISS AHRENS.—Yes.

MISS PALMER.—I think it would be interesting if some of the state officers present would state the attitude of their state associations. I would like to call on the president of the New York State Association.

MISS DAVIDS.—I feel sure that the New York Association will be glad to make a good contribution.

MISS DAVIDS.—I would like to tell these people of the attitude of Massachusetts. The president pledged one hundred dollars for this at the Superintendents' Meeting, and I have no doubt she will be able to pledge more when she gets back, because I know we have a lot of money in the treasury.

THE PRESIDENT.—I am very sorry that I have to close the business session. You can take the subject up this afternoon, if you wish to discuss it further.

MRS. FOURNIER.—Madam president, I take pleasure in seconding the motion of Miss Ahrens that we refer it to the state associations.

THE PRESIDENT.—Is it to be referred to the state associations with the idea that they raise the money?

MRS. FOURNIER.—I will embody in the motion that they raise the money.

THE PRESIDENT.—Do you want to do this, leave it to the individual association, or do you wish a committee appointed here to keep in touch with the state associations that the money may be brought to one central fund?

MISS NEVINS.—Madam president, I think that is too indefinite, this is an alumnae affair. We must make it an individual affair to get the money and get it at once. If we leave it to the state associations, it is not going to be done. We have all got to pledge ourselves right here, this morning. We must see it through, and see it through to-day in the way of pledges. There is no woman here who cannot pledge herself to a certain amount of money. That does not necessarily mean that she will pay that money herself, but I feel sure that in every town and county of this country the money can be raised.

If we turn it over to the state associations, they are not going to take it up. Let us take it up this afternoon and end it.

At this point the president closed the discussion.

The motion of Miss Ahrens to refer the matter to the state associations was then put to vote and lost.

NURSING CONDITIONS IN THE SOUTH

By MARY L. WYCHE

KNOWING little of the many hospitals scattered throughout this broad southland, a medical directory of the United States and Canada, though not the latest edition, was procured. In the unorganized states, three hospitals each, in different parts of the state were selected, and circular letters sent to the superintendents of nurses. Some thirty or more letters were sent asking for information. Scarcely knowing what I wanted, except in a general way, only a few questions were asked. From this guess-work correspondence three letters were received. Wherever there was a state nurses' society, the secretary was interviewed, and, with only one exception, an answer has been received. Now, do we want to see ourselves as others see us? Or from the narrower standpoint of a nurse? Shall we consider the private nurse, or the pupil nurse and her superintendent as well? A glimpse at each in her surroundings and difficulties will be interesting. This paper deals with cities and towns, for as yet the villages and vast area of country are undeveloped.

First, let us consider the supply of graduate nurses in the various sections as compared with the demand for their services, and then how others see the nurse, how she sees herself, etc. In the reply to my questions as to the supply and demand, only one nurse in one state wrote that in her judgment the supply was quite as good as the demand. She did not say, however, that this supply included nurses, good, bad and indifferent, and the untrained, as well as the trained. One said that the supply and the demand were about equal. All of the others stated that the demand for good nurses far exceeded the supply, with the exception of times when there was little sickness. In many instances the imposter and the untrained nurses are kept constantly busy; sometimes because there are no others; some say she is cheaper; then again we are told she is just as good, or she is liked better. The climatic conditions in some instances, prevent even the strongest nurses from continuous work. This necessitates a greater number of nurses in proportion to the population. This lack of competition allows the nurse to be so independent that she can pick and chose her cases, as well as the physician, refuse a call whenever she chooses, and decline contagious diseases altogether.

The prices paid graduate nurses range from twenty-one dollars to

thirty-five dollars a week. In one city, I am told, that, when two nurses are on one case, and work twelve hours each, they receive twenty-five dollars per week, while one nurse alone, working sixteen hours or more, gets thirty-five dollars per week. A bright little Canadian nurse told me that the field for nurses was much greater in the South than in Canada. She said the southern people were educated up to the needs of a nurse, and that southern women would not do for themselves what they were able to pay someone else to do, while the Canadian women would not pay for what they could do themselves. Consequently, the nurses received in the latter instance only eighteen dollars per week, against thirty-five dollars in the former.

Peep at the "special" as the pupil nurse sees her, laying aside the thoroughness of training-school days, and leaving her diet, kitchen and lavatory work for the pupil to do. She, the pupil, is often asked by the patient, "Where is my nurse? When will she return?" while the nurse is still on duty. The crying need of the hour is a better understanding, and a closer relationship between these two classes of co-workers. When they fully appreciate the need of mutual aid, harmony and coöperation to carry out their own interests, the golden rule will be more in evidence. Why cannot we have two or three nurses on our training-school staff of lecturers? They know a nurse's needs and could suggest some way to avoid a shipwreck on the sea of perplexities. As the graduate nurse sees herself let loose from the training-school, with its military discipline, she feels free, but much perplexed to find a boarding-place, should she locate in a small town. If she nurses contagious diseases, many families and boarding-houses will not take her at all. In her quarantine she need not be surprised to be requested by the neighbors to close the window on that street, but alas! the room has no other window. This quarantine may come, when one would most like to be out seeing friends, and taking an active part in some special occasion, yet she must do her duty and attend to her work. If, on the contrary, her lines have fallen in more pleasant places, and money accumulates much more rapidly than in the few years past, or ever before, she soon learns to love and admire the beauties of the homes of wealth and fashion, and ere she knows it her bank account is gone, and she is not able to take a much needed rest, or to bear the expense of a long illness. When called to take cases in quick succession, she declines a call now and then, people criticise her severely, when she alone knows the few hours of rest that have come to her for many weeks past.

The call for competent nurses to fill hospital positions, school infirmaries and to do district and sociological work, is far greater than can

be filled. This scarcity can readily be accounted for by two causes, first, the small salaries paid, as compared with the flattering outlook of the private nurse, and second, the heavy responsibilities, varied duties, and close confinement of these positions—work that the regular training-school does not fit one for. The pale and tired superintendents seen in a recent trip south, showed overwork. Such a break-down can be seldom foreseen or avoided in the rapid growth of many institutions and in their methods of caring for the sick. Many cannot remain long in one place before a change of work or a breakdown is inevitable. Most of my correspondents have stated that lack of harmony among the nurses themselves, and of loyalty and enthusiasm in the profession was the greatest drawback to the advancement and uplifting of their own interests. Many do not use the title R.N., even those mentioning and bemoaning this fact forgot to use it.

A nurse needs an occasional snapshot of herself, for her own scrutiny, to see her manners or lack of manners, and phonographic record of her tone, which might force her to exclaim:

“Wad some power the giftie gie us
To see oursels as ithers see us.”

In some pictures one cries, “A saint I see with voice and touch that soothes and inspires with hope.” We need more of a professional character, “That ingrained regard for standards and ideas, for special knowledge and special skill, which marks the professional man and his readiness to put the claims of public service and of intrinsic excellence of performers above considerations of private or personal gain.” The pupil nurses need a home apart from the hospital proper, more room for relaxation and social life. A place for music and laughter, without thought of disturbing a nearby patient. If this is denied, a corner drug-store is frequented.

The training-schools of North Carolina have adopted a three years' course. I am not able to state whether the majority of the schools in other states have taken this step.

In the various answers to my inquiries as to the comparative value of the two courses, there has been a diversity of opinion. Some think two years quite enough in small hospitals, others the reverse. All agree, that with three years' training better work is done, and the hospital the greater gainer. I think there is no tendency to return to the shorter course. Some think the scarcity of probationers is due to the lengthened course. The increase in the number of training-schools is another probable cause for this shortage. The three southern states that have

state registration for nurses were among the first to secure this act, they being passed in 1903 and 1904. The bills as they now stand are of such a high grade as to arouse many training-schools to give a better course of lectures and to do more thorough work. Some schools write that they are willing to make any change necessary to render their graduates eligible for registration. Private sanitariums are willing to affiliate with other hospitals, if by so doing they can help solve the most difficult problem of their work—the nursing. In North Carolina we are still hoping for the establishment of a preparatory course for nurses at our State Normal and Industrial College. This course is to be adopted by all the training-schools as a part of their three years' course,

THE PRESIDENT.—Miss Cabaniss will open the discussion of this paper.

MISS CABANISS.—I have been doing nursing work about twelve years in this vicinity, and am a southerner. By south, we mean all south of the Potomac.

There are three conditions that probably control nursing work in the entire south, that we have to combat to make any headway. One is our remoteness from the professional centers of activity. This is the first time that we have been able to get a larger gathering south of the Potomac than our own State Society, and it is very hard to absorb all of our inspiration from books. A few of us have been courageous to venture beyond our own boundaries, but this is our first experience with a large nursing body, and the experiences it brings.

Another condition is a lack of multi-millionaires in the south. Our hospitals are small and employ few nurses, and there is a lack of proper accommodations for them in many instances. Many hospitals do not provide homes for their nurses at all, but they are housed in the building, not in a separate wing, but sandwiched in where space can be obtained for them. Poverty again confronts us in procuring proper teaching for pupils, particularly in regard to dietetics and massage. The chivalry of southern men comes to the front in lectures offered by the doctors, but at the same time the southern appreciation of pleasure comes in, and sometimes the medical staff excuse themselves to keep social engagements and postpone the lecture until another day, when it cannot always be arranged.

The instruction is sometimes given by the superintending nurses, and the graduates; that is perhaps ideal, but we have not yet attained the ideal standard in that particular.

Another condition to be combatted, is the climate of the south. We cannot have long working hours and do good work. I am reminded of a statement made by Miss Maxwell soon after the Spanish-American war. She had been on duty with a corps of nurses at Chickamauga.

While the Government had accepted the services of the volunteer nurses, it had provided no accommodations for them, and when they landed at Chickamauga, they were left sitting for hours on their trunks under their umbrellas.

There was no camp assigned them, and only by personal effort did she obtain accommodations for them, and each one of the government officials placed some obstacle in the way of her getting such accommodations.

She said the man who vexed her the most, who was the slowest, the dirtiest,

the most tiring, was a Massachusetts man, and she realized that perhaps he had been a true New Englander when he crossed the border, but that in a few weeks after, under the influence of the fleas and mosquitoes and the heat, he had out-Heroded Herod, and was worse than the natives.

Lassitude is not particularly the fault of the southern people, it is the climate which brings it out; when we go into another climate, we are more active, possibly, than the Canadian or the New Englander.

That gives you some idea of the fact that we cannot have long hours and do our best work; and with that question of poverty, how can we provide properly for a large corp of undergraduate nurses?

Then we have the temperament of the southern man to contend with in our training-schools. Our old chief, Dr. Osler, in my training-school, could not bear to inflict lectures on nurses because they were women; he was British. The southern man carries this idea to a greater extreme.

He objects to the discipline of women; he indulges his sisters and daughters, unless it interferes with his personal plans, when he is as exacting as any one of the extreme north. With that problem to contend with, it is very difficult to practice good etiquette and ethics, and that is one reason why nurses that are graduates of the larger hospitals who come to cast in their lots with us as superintendents in training-schools are dissatisfied, and have not the courage to battle with the situation.

They are charming gentlemen, but they do place obstacles in the way of the rigid discipline of nurses.

Our system of training nurses is not over twelve years old in the south. While it is so young, I say with pride that I think we have done fairly well considering all the difficulties in the way. There is a lack of organization, there being very few *alumnæ* associations. There are one or two in Kentucky, three or four in Virginia, and I do not know of any other organized *alumnæ* anywhere in the south, which makes it very hard to carry forward any progressive movement.

When we attempted state registration in Virginia, it was done through the personal appeal of the Richmond nurses to secure the coöperation of the nurses of the state, because the first thing that was asked in the Legislature was, "Is this a handful of you women, or is it your profession asking for this measure?" We had to send out through the length and breadth of our rather large state and secure a representative of every section, or letters written from every section, so that we could give a guarantee to the Legislature that we were not a handful trying to work a hardship on the many. We are very much scattered and that is another difficulty; here is a town of fair size, and in a couple of hundred miles there is another; so it is rather hard for us to get it touch with each other, and we only accomplish it annually at the State Society meetings.

There are one or two unique conditions in the south, and I mention them because I hope something will be brought out before we adjourn as to whether they exist elsewhere.

One is a point which Miss Wyche dwelt in her paper; in a case of extreme illness, where probably two nurses are required, the family may feel that they cannot pay twenty-five dollars a week to both nurses, but they can raise a little more than the twenty-five dollars. I have been applied to frequently by nurses to know what should obtain under the circumstances, whether one nurse who

felt herself strong and able-bodied, should continue the care of two patients at thirty-five dollars a week because the family could not pay fifty dollars. I understand that a nurse's charge for eighteen hours' duty is twenty-five dollars a week; if there are two patients, and she can only do eighteen hours' work, why should she get more salary for the same duration of service? I have never been able to decide that.

So the argument I have always urged upon them is this, "I think that your health and the future of your career is worth just as much more to you, very much more, in fact, than thirty-five dollars would be; you can do a certain amount of work properly, and give that to two, four, or six patients, as you would in a ward, if there is an epidemic in the house where you are, but I fail to see why there should be this extra charge for service for the same length of time."

But I think it is fairly customary in a community for a nurse who attends more than one patient to accept thirty-five dollars a week, if it is offered to her. I would like to know whether that condition exists elsewhere.

Then there is one novel feature in Texas, that I have never heard of anywhere else. The University of Texas has conferred the degree of Doctor of Nursing on the superintendent of nurses in its hospital, which gives her, even in the remote south, a position on the faculty and professional recognition.

We have had a great deal of trouble in my immediate vicinity, though it exists elsewhere, in getting the registered nurses recognized, and in getting the laity to have a true appreciation of the title "Registered Nurse."

Sometimes the financial condition of the family, sometimes personal preference on their part, makes them willing to have a dismissed pupil, an ex-probationer, or a good experienced old nurse, rather than a registered one. I am not prepared to say, whether it all hinges on the personality of the individual in question, or the preference of the individual or of the family; but certainly in some communities it is the non-registered nurses who are preferred, when the registered women are left holding their hands.

Our state board is having made a washable badge which we will request all registered nurses in the State of Virginia to wear when on duty. It will at least agitate the question, what does it mean, and why do they do it? It may bring out some intelligent explanation, something the public can appreciate at all events, and in that way we hope to have the true stamp recognized, but it will come very slowly, and it is doubtful whether all of the women will agree to placard themselves.

MISS NEVINS.—I suppose there is no question in the minds of any present as to who has stood at the head of the nursing profession in the south for the last twelve years.

THE PRESIDENT.—We have the very great pleasure of having with us to-day the Reverend Caroline Bartlett Crane, of Michigan. Mrs. Crane, as I suppose you all know, is very much interested in some questions of public health of the community. She is President of the Civic Improvement League of Kalamazoo, Michigan, where she has done much to improve conditions. She is particularly interested in the almshouses, and has been instrumental in introducing nursing service into those neglected fields.

ALMSHOUSE NURSING: THE HUMAN NEED; THE PROFESSIONAL OPPORTUNITY

By CAROLINE BARTLETT CRANE

It has been a beautiful journey, from my home in the north to this sunny southern land. To glide round the magnificent curves of the Alleghanies clad in their luxuriant yet tender green; to revel in the glory of hawthorne and dogwood, of laurels and azalias and rhododendrons; what an experience for one who left the maples tentatively putting forth a few curled-up leaves, while the oaks and sycamores were still asleep! We have all had a beautiful journey hither, garnering vistas and experiences that will remain with us. And there has been time, perhaps, for each one of us to gain some perspective on the life she has left behind; to see—as we do not always see when we are in the midst of it—how good life is to us; how precious our home, our friends, our work, our trained powers of usefulness; our ability to influence the course of events, to bring to pass what we desire for ourself and for others. Life, even with its burdens and troubles, is so good, and it is a beautiful thing to be alive—so much alive!

And now I want to turn your thoughts back to some of the people we left behind, that the world has left behind; persons with no home, no work, no importance, no influence, no future; with no power whatever to help themselves—yet in desperate need of what you women here assembled are best qualified to give. When you return to your homes, I entreat you to visit these pathetic people segregated from your community, and learn for yourselves whether what I am to say to you of “Almshouse Nursing: The Human Need; the Professional Opportunity” is true. Your profession, born of the desire in good women’s hearts to effectually minister to the sick poor, still gives proof that this initial impulse is by no means spent. Still it is true, as in the days of Florence Nightingale and Agnes Jones and Amy Dutton, that many women choose the profession of nursing not primarily because of its financial returns, but because the work of alleviating human misery is to them the most attractive work in the world. And there are many to whom sickness, when associated with destitution, makes the compelling call.

Hence I appeal with confidence to the Nurses’ Associated Alumnae of the United States in behalf of the suffering and neglected sick poor in the county almshouses of the United States. I shall hope to show to

you another great field of work lying side by side that of the visiting nurse; to make you hear a call more insistent, more piteous, more tragic; that you may set your hearts of compassion and your brains and hands of trained service toward these friendless sick poor whom society segregates and—forgets. What I shall have to say today is unfortunately true of almost all the smaller almshouses of our country. The state of Massachusetts offers notable exceptions, and in New York good progress is being made toward bringing the small county almshouses up to something near the standard of the large city or state institutions for the care of the homeless poor. In a few other states there is some progress, but I believe I am speaking in strict truth of at least ninety per cent. of the county almshouses of this country when I say that the sick inmates are inexcusably neglected; that there is an appalling amount of preventable suffering; that contagion runs riot; that many persons die who, with proper medical care and nursing, might recover; that many more are permanently invalided and made county charges for life who might have been cured and returned to the ranks of self-supporting citizens. To better appreciate the situation in our almshouses to-day, let us first glance back to that time, fifty years ago, when Dorothea Lynde Dix was going about preaching and working deliverance to the captive insane in our poorhouses and jails; the most wonderful, the most brilliant, the most Christlike achievement of philanthropy, as it seems to me, ever wrought by any one person in any age. Dorothea Dix, supported by the more intelligent alienists of America, revolutionized the treatment of the indigent insane all over America and well nigh over the civilized world. She was the founder of twenty great state asylums for the scientific and humane care and cure of the indigent insane who formerly were hidden away in jails and poorhouses; many of them in cellars, in closets, in outhouses, in stone caverns, without fire in winter, without the most elementary provisions for decency, manacled and chained and treated in all respects precisely as if they had been wild beasts.

But—and this is the point of my reference to Dorothea Dix—see how naturally her appeal for state rather than local care for the insane was followed by a general movement for state care of other classes of almshouse inmates. For you must know that, within the lifetime of some here present, the almshouses of this country were the one refuge not alone of the indigent aged and infirm; they were the dumping ground of all sorts and conditions of helpless humanity; the destitute insane, as we have already seen; and also the blind, dumb, epileptic, idiots, and—destitute children! Even wayward children and adults

who committed minor offenses against the law were sometimes sentenced to the almshouses in punishment. All the human flotsam and jetsam which couldn't take care of itself; counted by prosperous persons as troublesome or nothing worth; all the people we didn't like to see around, we used to shut up together in the poorhouse and confide them to the care of hired keepers, and think no more about them!

Ah, when the pessimist tells you the world is growing worse instead of better, point him to Dorothea Dix and to the faithful unremitting labors of those who, in her spirit, have served to lift one class after another out of this desert of neglect and slough of vice and misery. Show him all our public institutions for the humane and scientific care and cure of the insane; our schools for the blind, the deaf, the feeble-minded and the epileptic; our state public schools for dependent children; our homes and training-schools for wayward children; our houses of correction for adults; and say to the pessimist: This is what our states are doing for their helpless and disadvantaged ones, and for insubordinates. True, we have not yet room for all; it takes time; it takes patient effort to get the necessary public appropriations; but this is what we are doing as fast as we can do it! And of all that motley assemblage of human beings who were once carelessly consigned to oblivion in the county poorhouse, presently none will be left except—the aged and infirm! The aged and infirm poor! Add to that phrase two adjectives: Homeless, friendless poor old men and women: these are—and will become more and more—the great body of our almshouse population. All the other classes of inmates are being removed, to be treated not on the basis of their destitution but upon the basis of their needs. The insane destitute person is no longer treated as destitute but as insane, the state assuming his care. We do not now hear the term “pauper insane” in connection with our asylums. The blind destitute person, child or adult, is treated not as destitute but as blind, and made a ward of the state. And so with the deaf, the feeble-minded, the epileptic, the curable consumptive, and dependent children; each is treated not on the basis of his destitution, but on the basis of his special need.

And I ask, is it right that our aged and infirm should be solely excluded from the benefits of this humane movement, still to be treated not on the basis of their needs as aged and infirm persons, but merely on the basis of their dependency? If a blind poor child has the same basic needs as any other blind child, and if it is right that society should supply those needs, how is it that a sick poor person shall not have those fundamental requirements as to care and nursing which are indispensable in the case of other sick persons? Of all the classes and kinds of destitute and vicious who were once promiscuously consigned to the poor-

house, these, the aged and infirm, remain as the irreducible minimum, the irremovable residue, of the poorhouse population. And hence they remain the pitiful victims of an antiquated theory about poorhouses, which is, that paupers should be thankful for anything they get—a variety of that popular maxim that “beggars musn’t be choosers”—and that, besides, the almshouse *must* be made as unattractive as possible to keep people from flocking thither to live at the public charge. The effect of this theory—only too consistently acted upon—is that the respectable poor suffer vicariously for the people who are supposed to be kept away, and that the thought of going to the poorhouse stirs in them an overweening terror; that they go only as the last resort, often conducted by force, and literally “weeping” as “over the hills to the poorhouse they take their weary way.”

They go there to spend the remainder of their earthly days; feeble at first, to grow more feeble through advancing age, lack of employment and interesting event; sitting day by day, looking at blank cheerless walls, and blank cheerless faces, and a blank cheerless future. Here is the fertile field of senile decay, of body, mind and spirit; the elect abode of a cheerless, comfortless, hopeless, suffering old age.

Some day the old man or woman takes to bed. It may be a clean and fairly comfortable bed in a decent room. Then, again, it may be a very hard and filthy bed in the cellar. It is called “the basement,” but being five feet under ground, you and I would never know it from a cellar. And all this will depend, alas! not on the public vigilance that this and that shall be thus and so: the public has no knowledge or care about it unless there happens that rare event, an almshouse expose. It will depend mainly upon the kind of keeper and matron hired by the kind of superintendents of the county poor named by the kind of supervisors we elect. And so long as we elect our supervisors not with reference to their fitness to supervise, but with reference to their position on the tariff and the policy in the Philippines; and so long as they appoint their subordinates on the same general plan, the almshouse poor may consider themselves fortunate indeed if this system secures the right man and woman to preside over their humble fate.

I need not trace the wretched ebbing life day by day, month by month, year by year, as so often it is dragged out; “as if,” to quote another, “Nature hates to make a grave unless she knows it will be watered and kept green by tears.” You as nurses know only too well what *must* happen, even where keeper and matron do their utmost, as in the majority of cases I believe they do. But they are not nurses, and they have abundant duties besides the care of the sick. Consider how

much of the bedside service must be left to feeble, stupid or vicious inmates; how appetite disappears with the lack of any attention paid to the sick diet; how bedsores come, and stay; how the long nights drag on, with the keeper and matron and servants locked in their apartments a thousand miles away! It was but a few weeks ago that, in a poorhouse, an inmate arose in the night and murdered a sick man who disturbed his sleep with cries for water. There are many deaths in the night. Is it strange if once in a while in the dark night, alone, there should be done a murder by some exasperated man upon one whose life society holds of such infinitesimal worth? And when release at last comes in death, if the departed has any friend on earth to claim him, there will be a funeral service. If not, then those terrible words of Noel's, which we think of as pertaining to the long past, are too often literally true of to-day:

"Rattle his bones over the stones;
He's only a pauper whom nobody owns."

Who dare think of the cruelty to the living, the murder of their self-respect, involved in their witnessing this unceremonious disposition of the body of a comrade, without a prayer or any office of religion, and knowing that a like fate awaits themselves? I think if this thing were generally known, and if it were also known that but very few almshouse inmates enjoy the privilege of Sunday religious meetings, it would rouse the public conscience in revolt even when the lack of provision for comfort to the sick fails to do so. But there is much more to be said of almshouse miseries. In enumerating the many classes formerly consigned to the county almshouse, but now cared for in state institutions, I said that there is not yet room nor money enough to take care of all. To-day in almost every county almshouse there are to be found some or all of the following classes represented: epileptics and feeble-minded for whom there is not room at the state institution; crippled children, for whom many states make no other provision; adult blind persons; children and young persons destined for the state juvenile institutions, whose diseased condition forbids their entrance to these places. And they are sent to the poorhouse, where is neither hospital, resident physician nor nurse, to be cured! Then there are little children placed there temporarily while a home is being sought for them; and often this temporary residence stretches out to many months. Add to these the homeless girls who, becoming county charges, are sent to the poorhouse to give birth to nameless babes; the convalescents taken from the expensive hospital to the cheaper poorhouse to complete their recovery, if

they can; the chronic or hopeless cases of consumption, cancer, paralysis, locomotor ataxia, syphilis, ophthalmia, and so forth, that are sent to the almshouse not because they are aged and infirm, but simply and solely because they are abjectly sick—yet sent to a place planned apparently by a christian scientist in whose bright lexicon no such word as sickness exists; and you may have some proper idea of the need of trained nursing in these almshouses of ours.

The simple truth is, that *the county almshouse is a hospital with the hospital part left out!* Babes, born friendless into the world, disowned by father, abandoned at birth by mother, contract gonorrhœal conjunctivitis and are blinded for life, because nobody rightly knew the danger nor how to cope with it. Where medical attendance is seldom oftener than once a week, and where there is no one with either training or leisure to carefully follow out the doctor's directions, it is small wonder if such things happen. Tuberculous patients innocently scatter infection at will. Victims of ophthalmia use the family towel; and seldom indeed is a pair of rubber gloves to be found on the premises. Said the matron of one of the largest institutions in our state: "No, we don't need rubber gloves, because I make the inmates do all that sort of thing." "But will they not get the infection?" I asked. "Oh, you needn't worry about *them*," she answered comfortably. "Besides," she added, "I give them bichloride tablets to use." This same matron, it developed soon afterwards, was given to binding and beating feeble-minded women, and to shutting up troublesome old men in a room alone to die. And she had requested a surgeon to see to it that a certain patient, who, she said, "was no good to himself or anybody else," did not come out from under the influence of the anæsthetic. The functions of nurse were bound up with those of matron in the person of this woman. Probably her husband, the keeper, was correct on the tariff.

I have endeavored to portray to you the present almshouse situation; the great number of infirm and sick; the admixture of other classes such as epileptics, crippled children, and other sick children, and of well children who in such a place need to be most zealously guarded from sickness; the total lack of hospital provision; the lack of consideration as to fitness in employing keeper and matron; the resulting lack of continuity and efficiency even when all concerned do their best; the total lack of public concern. This is the situation; and it will remain the situation for a long time to come unless there is volunteer initiative towards improvement. Some day it will all be different. Some day all these various classes, now but partly separated, will be entirely lifted up into state guardianship. Some day every able-

bodied vagrant will be sent to a workhouse, and the almshouse standard of comfort will no longer suffer because of him. But by the time all these things have happened, let us hope that all county almshouses will be things of the past. In their stead will be these same buildings, perhaps, converted into *local state hospitals under state management and control*, with all politics eliminated. We shall have, in these local state hospitals, the scientific and humane care of the indigent aged and infirm, not on the basis of their accidental indigency but on the basis of their fundamental needs and rights as human beings. We shall also have some proper classification of the aged and infirm. A group of, say, four almshouses in four adjacent counties will admit of something like this: In one, all the respectable aged couples (who at present have to be separated), and other decent and respectable old people who have come to the almshouse through no special fault of their own, and whose enforced association with worn-out tramps and prostitutes is one of the most cruel things about our present system. In a second house can be placed this latter class. (We will suppose the persons in both of these houses to be, while feeble, comparatively well.) In a third house can be placed those who are ill from ordinary diseases, either chronic or acute; while the fourth house might accommodate those suffering from diseases especially dangerous or offensive to others. The present admixture is a source of much suffering to both the sick and the well. The former are shunned and are often placed in remote parts of the house where the sights and smells, and the outcries of pain, may not trouble others. As one matron explained to me the uses of a room, vacant but for a single bed, in the top story: "You see, horrible old cases—both men and women—come here to die, and we simply couldn't endure them around the house; so we put them up here." The room was entirely bare but for the bed. There was no electric bell, nor other apparent means of summoning help. This is cruel; but the alternative of placing them in the dormitories or rooms of the other inmates is hardly less cruel to the latter. Some day all classes will be cared for according to their needs. The state will do it, and will forget that it was ever otherwise. But in the meantime, until the state will act, and until local prejudice and jealousy can be overcome; what can be done to help the situation as it exists to-day, and must exist, it is to be feared, for years to come?

Well, how did we come by the visiting nurse, that angel of mercy in the homes of the sick poor? Did we, seeing the need, go and ask city councils and boards of supervisors for appropriations to pay for this work, and then go home and sit down in happy confidence till the

appropriations were granted? No; women's clubs and other women's organizations have raised the money and have thus made it possible for members of your profession—essentially, by the way, the woman's profession—to do this merciful work. But these sick persons have a home, however humble; and in this home are other members of the same family. There are neighbors on either side. There is power to summon help against inhuman treatment or neglect. And wherever there is a home, there is some inclusion of the things the heart hugs as dear: the little loved possessions; one's right to one's own queer little ways; one's undisputed title to "Mr." and "Mrs." not "Blind Joe" or "Maggie," or "Auntie." Oh, they are little things! But *are* they little things, after all? Have you, visiting nurses, found that the homes and home ties of the poor are less to them than to us? The mission of the visiting nurse is indeed a blessed one in the homes of the sick poor. But shall we find the mission of the almshouse nurse less blessed among those who are in the almshouse only because they have no home, no friends, and no hope?

Being, as I trust, a practical person, I have a plan to propose to your consideration: A plan which involves close coöperation between your state associations and the state federations of women's clubs throughout the country; a plan which already is in successful operation in my own state of Michigan. We have a joint committee on Almshouse Reform, composed of committees appointed by the Michigan State Nurses' Association and the Michigan State Federation of Women's Clubs, and this is our plan which we are just getting into successful operation: The part of the joint committee which represents the state federation of clubs will select from time to time such counties as we believe to be either most in need of our work or likely to be most hospitable towards it, and will there concentrate its efforts, aided by the women's clubs of that county, to induce the board of supervisors to install a trained nurse in the almshouse. In cases where the board of supervisors will not consent to the instalment of a nurse on account of the increased expense, the federation committee will endeavor to raise the funds for an experimental installation of a nurse, for a few months or a year, hoping that the unquestioned advantages of her services will be the best means of converting both supervisors and taxpayers to the extra cost.

Wherever a nurse is to be installed, it will be the endeavor of the joint committee to secure an arrangement whereby the appointment and supervision of the nurse shall rest with the state nurses' association, through its committee which constitutes one-half of this joint com-

mittee. The nurses' committee will also, where permitted by the county authorities, make suggestions as to plans for building new houses or remodeling old ones to better accommodate the needs of the sick.

Our plan embraces, also, the systematic visiting of the almshouses of the state, by local committees of women, probably to be appointed by the county federation of clubs. The purpose of such visitation will be to better understand the needs of the almshouses, and to assist the authorities and the personal management in doing all for the inmates that should be done. We wish to encourage the providing of suitable employment for the idle and lonely hours of the feeble and crippled, and to increase the homelikeness of these institutions, where there is need of improvement in this respect. Our plan embraces two features requiring legislation, for which we earnestly request your approval and help. The first is, such a modification, where necessary, of the present law as will make women eligible to appointment on boards of management of county almshouses. The second is the inauguration in all the states of a system of county boards of charities and correction, one-half of the members of which shall in each case be women, these boards to work under the supervision of the State Board of Charities and Correction, and to report to it all work done. In the states which already have these boards, great benefits have resulted.

It is my conviction that this work must be inaugurated by private initiative and probably by means of unofficial support. The women's clubs will, I believe, undertake to provide the initiative and procure the financial support necessary for a trial of almshouse nursing. But you must provide the nurses, and it is best that you should (by means of state committees) appoint them and supervise their work. The club women are not competent to do that, and the county supervisors are not competent to do it either. We want the best trained and most conscientious nurses to be had; nurses who will realize that the success of this effort will depend mainly on them. Time will not permit of my dwelling at length upon "the professional opportunity" which this plan opens to you. But it will mean thousands of new positions where in the smaller almshouses each nurse is head nurse, and will experience a call upon her utmost resources of ability, training and character. At the same time, the great variety of chronic cases—the cases in which the hospital training-school is most deficient—will constitute a post-graduate opportunity of great value in fitting the nurse for private practice. I believe that arrangements can often be made with neighboring hospitals to send nurses in training for brief terms of service in the almshouse, to the great advantage of both institutions. The salary for almshouse

nursing will probably be equal to that of the visiting nurse, and the settled abode and the ability to control the environment of her patients is an advantage not likely to be disregarded by the profession.

Ladies, there is in every community a more or less clearly defined "standard of living" below which no human being should be allowed to fall. Your profession is doing as much as any one great force to awaken public consciousness to lapses below this standard. Let me entreat your utmost influence, collectively and as individuals, for a more humane standard of living and dying, in that last refuge of the fallen and the unfortunate—the almshouse. Shall the hospital care which is granted to the sick murderer in our prisons be denied to the sick pauper in our almshouses? Shall the pauper die in darkness and alone when the murderer goes to the gallows with his spiritual adviser at hand, and with due respect for his "last wish" and his "last word"? Truly it must seem to these unfortunates that the only crime, unrelieved by a pulse of public pity, is to be friendless and poor.

Suppose they have been "to blame." Even so, the day for reform is past. And if we but remember how much better we have fared in this world than strict justice would prescribe, it may serve to make us compassionate towards these pathetic victims of a misspent life now so hopelessly at our mercy. But many of these poor people are just as good people as you or I; it is misfortune, or, at worst, a lack of thrift, which has brought them to this extremity, after lives of decency, sometimes even of refinement, and of consideration in the community in which they lived.

But, good or bad, our almshouses are no longer penal institutions, and we have no business to be talking of deserts, but only to see to it that in our capacity as guardians we comport ourselves as civilized persons. If we have a sick dog, we either cleanse its sores, and see to its needs, or we put it out of its misery. Our consciences rightly revolt at the latter alternative for any human being, however sick or miserable. How then can we escape the other alternative of rationally and humanely caring for these helpless charges upon society. Some day all these wrongs will be righted. Happy then will be the case of each man and woman, who, looking back, can truly say, "I helped."

THE PRESIDENT.—Mrs. Crane makes an earnest appeal to us, and I hope it will not remain just a work spoken and then forgotten. I will ask Mrs. Lupinski, of Grand Rapids, to open the discussion on the paper.

THE PROFESSIONAL OPPORTUNITY

By MRS. L. J. LUPINSKI

LIFE in its truest and highest sense must be and is growth and development. Beginning with the lowest animal forms revealed by the microscope, which simply take in through their surfaces the nutrient and oxygenated fluids coming in contact with them, we pass through many changes in our progress towards a more prolonged, and higher life. We regard as the highest life, that which, like our own, shows great complexity in the correspondences, great rapidity in the succession of them, and great length in the series of them, the equivalence between degree of correspondence is unquestionable. What is true of individuals is, as well, true of organizations. A society content to live the life of a protozoon, absorbing its nourishment from its environment, and giving nothing to the world in return, is of no real use, and has little reason for existing. On the other hand, the society which is constantly on the outlook for new fields of work, quick to respond to the opportunities which are from time to time arising, ready through its many members to become vitally connected with the various problems of the day, sensitive to the coming changes, that always cast shadows however faint, so that those who have eyes to see can make note of them and be ready to help in their advancement; such a society has the best of reasons for existing. It lives because it must. Life is there, the life which shows itself in growth and development. Like the seed that responds to the warmth of the sun and the moisture of April days, so it must respond to the spirit of the Master and reach out helping hands wherever there is need.

The Michigan State Nurses' Association most truly has this spirit of life and is endeavoring to show it forth in practical results. If each society represented here to-day is as much alive to the philanthropic need of the times, and is as ready to accept every professional opportunity, we shall be a mighty power for good. At our annual meeting a year ago, Mrs. Caroline Bartlett Crane, to whom you have, to-day, had the pleasure of listening, presented this same subject. She touched a chord in the hearts of her hearers which vibrated in unison with the ideas she advanced. We felt that here was a field for work, and we ought to enter in and take possession if possible. Here was a new point of contact, which if responded to, would help to develop the higher part of our nature, for we surely would have to go forth in "His Name" and do

the work in "His Spirit of Love." Perhaps some of us may have felt a little chagrined, that we had been so blind to existing conditions, and were so ignorant of the facts stated, but having been shown the need that those in our almshouses have of our trained care, lovingly administered, we were ready when the call for coöperation came to meet it. At the request of Mrs. Crane a committee of three was appointed from our state association, to form, with a committee from the State Federation of Women's Clubs, a joint committee, to be known as the committee on Almshouse Reform.

The members from the State Federation of Women's Clubs were not appointed until their annual meeting in October. Our first joint meeting was held in Grand Rapids, November 1, 1906. Mrs. Caroline Bartlett Crane was chosen chairman and Mrs. Hugo Lupinski vice-chairman. Plans for work were presented. After full and free discussion of these, the work for each committee was definitely outlined. The one from the State Federation of Women's Clubs has as its work the working up of an interest among the local clubs, in the condition and needs of these almshouses; through these club women to interest the public, and thus create sentiment in favor of bettering conditions; to interest supervisors and others connected with this county work and make, if possible, a place for a nurse; as they learn the needs, and the attitude of the counties toward this work, to decide where work shall be done, even going so far as to pledge the salary of a nurse for some months if necessary. These women, realizing that no one so well as nurses, with their years of training, could look after the professional part, left that wholly in our charge. We are as much as possible to have charge of the nursing department, employ or recommend for employment the nurses, have some supervision over their work, and listen to all complaints from all sides. In this way the nurse in charge will feel, that so long as she is doing good work, she has the backing of two state societies, one representing the philanthropic needs, the other the highest professional standards. We are also, as far as possible, to look over plans for any new hospital or hospital wings in connection with these homes. This seems quite an important part of the work as so many cases of specific disease are found in them, and so seldom attention is paid to their having separate bath and closet. There are, as well, many little details in arrangement that at this time can be made more perfect with little or no added expense, but which will save many steps and much time.

At this meeting my own county and the adjoining one of Muskegon, were the ones chosen in which to begin our work. The first, because some things in connection with the management of its almshouse made

us think the time might be propitious for the working out of our plans; the second, Muskegon, because a new home was being built, and the club women, through a talk given by Mrs. Caroline Bartlett Crane on *The Proper Care of the Indigent Aged and Infirm*, were thoroughly aroused. In her address she asked the women to ask for a wing for hospital purposes and to promise to equip and furnish it. This they did. After meeting with many disappointments, but holding firmly to the end in view, they succeeded in gaining their point, and have a very complete hospital wing. They hope soon to have a nurse in charge.

In my own county there has not been so much accomplished. The club women agreed to furnish the salary of a nurse for six months, or more, if the supervisors would allow us to put one in on trial, but this did not meet with their approval. One of the members from the State Federation Committee had, previous to the forming of the joint committee, been working for a hospital on our county farm, and had reached the point where an architect had been asked to prepare a plan. After our joint meeting we went to his office and looked the plan over. We found him very willing to listen to the suggestions offered. They were few for the plan was a good one. But this like the nurse met its "Waterloo" at the hands of the supervisors. We are not at all discouraged, for we have created sentiment in our favor, and have started some of the people to thinking along right lines. The place where we met with unexpected disappointment was, in the finding of nurses to fill these positions. When it seemed as if a nurse might be needed in my county, each member of our committee was asked to help in finding a suitable one; I wrote to several places where it seemed as if results might be obtained, spoke to nurses in my own city, and asked them to speak to others, and as a result had one applicant. Why is this? It has been suggested that perhaps the smallness of the salary, fifty dollars per month, had something to do with it. I hope this is not the case. While at first thought the salary may seem and is a small one we must look at it from other points of view.

The purely commercial one, while necessary, is not the ideal one and does not tend toward the best results for our profession. Life does not consist alone in the things we have, but very largely in what we give to others. Again, we must look at it from the standpoint of the official, and be lenient in our judgment. We must consider the years when a hired helper, or a practical nurse with a salary half as large has seemed to the official all that was desired; the political feeling that by adding what may seem to those who put them in office unnecessary expense to the county, may lessen their chance for re-election, and the lack

of incentive to get out of the beaten path. With all this haven't we made a tremendous gain if we get even fifty dollars? This same point of view, seems to me, ought to be considered in connection with all positions of this kind when old prejudices have to be met and overcome. In doing the correspondence for our board of health, which has just placed a trained nurse in care of its contagious hospital, the same difficulty was experienced. I sincerely hope that the many able women here may find some solution of this most vexing problem.

If these committees on Almshouse Reform can through their work break down deep-seated prejudices, change the old routine of thought, that the people going to these county homes, for the most part deserve nothing better than they are receiving, overcome the political opposition, and make the chance for the nurse to prove that she is able to do all that has been claimed for her, ought the matter of a few dollars more or less to be weighed in the balance?

See what she has gained aside from the money value,—a wider sympathy, a greater capacity for tenderness, kindness, and all the Christ-like qualities, the happiness that comes from unselfish living, the knowledge that the days have been brighter and the nights less long and lonely for those whose life at best is but a dreary waiting. Is this not worth working for? Then she has opened the way for others, she has demonstrated the need these almshouses have for the service the trained nurse alone can give. In fine, she has made for herself a place and instead of being *persona non grata* has become a necessity, and as a necessity can command her own salary.

I wish I could tell of greater results, but it augurs well for the future, to have ideals which we are striving for, to have had our minds clarified by opposition and discussion, to have a definite goal in view which we feel sure in the end we shall reach. Our failures can be made stepping stones for our advancement, and to make haste slowly often brings best results.

THE PRESIDENT.—I will ask Miss Dock to say a few words on this topic.

MISS DOCK.—Madam president, I am glad to say a few words, because I think it is a glorious proposition, and I would like to express the admiration I feel for the Michigan nurses, for what they have done, and the splendid line of work they have embarked upon. They have brought here Dr. Crane; she is well known as one of the foremost civic reformers in the United States; I saw her written of the other day as the foremost woman civic reformer in the country. I think this work shows that the great line of Florence Nightingale, and the Deaconesses is not dying out. This is work for our state associations, and will you forgive me if I say that at the last state association that I went to, I won't say where it was, I had a strong suspicion that our state societies

needed to have more work to do, they do not seem to be overburdened with work that is big, and I hope that they will take this up, and confer with the women's clubs and other organizations throughout the United States.

It is certainly a disgrace that these old people are neglected. We have read of how they were neglected in the old British almshouses, and then that was repaired; and now we know it is the *same* in our county almshouses to-day.

This motion has been brought to me: I move that this association endorse the action of the Michigan Association and that a committee be appointed to bring about coöperation between the nurses' associations and the state federation of women's clubs throughout the country for this purpose.

THE PRESIDENT.—Many of our state associations have as one of their objects to further the efficient care of the sick. I wish it was so in all of our associations, and that it was being lived up to.

We have been asking the state to recognize us as the nurses of the state, asking for state registration, when the state confers upon us that privilege, and says, Go forth, we declare you nurses to be fitted to take care of the sick of the state, we must be able to take the responsibility, and say, We are not only able, but we are ready, to care for all the sick of the state. Now, *are we ready*, and are we ready in our state associations to take up this work? Mrs. Crane has come here and made the plea to us, she not only has made the plea, and shown us the conditions, but offered us a very practicable way of changing those conditions.

It lies in our hands in great measure. We can work with the federation of women's clubs, and we think we can work through the state boards of charities.

In some states, as in New York, we have a State Charities' Aid Association, with branches all through the counties working hand in hand with the hospitals, ready to coöperate with us, if we do our share. Nurses of twenty-one states, are you ready to endorse this movement?

MRS. GREYER.—Madam president, I feel that this reform does appeal to the hearts and minds and sympathies of every nurse. As Mrs. Crane says, we have an individual moral responsibility in bringing about this reform, and I feel sure there will be a united action on the part of the nurses to bring it about. Until every man, woman and child has the benefit of trained, skilled nursing, the noble aim of our profession will not have been fulfilled.

MISS KERSHAW.—Madam president, may I say a word for the visiting nurse? We find that this is one of the questions which is coming up all the time, the absolute necessity for the trained nurse in the almshouse, even in the comparatively small city. The comparatively large cities have them in the middle states. We certainly need trained care for the sick poor in the almshouses.

Miss Dock's motion was then put to vote and adopted, and in pursuance thereof, a committee was nominated from the floor and elected.

MRS. CRANE.—Madam president, I think it will interest you to know that I have been permitted or invited to speak upon this subject from the point of view of the club-woman at the biennial convention of women's clubs in Boston, in 1908. Then I shall endeavor, if possible, to get them to appoint a committee in each state, to coöperate with your associations. But you will be a year ahead, so you will be able practically to go ahead in the work and have suggestions to make to those committees. I hope you will, because I think the

most practical work will have to come from the nurses. The women's clubs will help to sustain the work financially, but the successful conduct of the work must lie largely and mainly in your hands. I want to say what a pleasure and privilege it has been to me to look into your faces, and to have the kind and hospitable reception you have accorded me.

On motion of Miss Nevins, Mrs. Hunter Robb, of Cleveland, Ohio, was asked to represent the National Alumnae at the Paris Conference.

AFTERNOON SESSION

The Convention was called to order at two o'clock P.M.

The following invitations were read:

The Alumnae Associations of Chicago and the Illinois State Association of Graduate Nurses cordially invite the National Alumnae Association to hold its annual meeting in Chicago in 1909.

Signed by the delegates of the alumnae associations and of the state association of Illinois.

The Minnesota State Nurses wish to repeat the invitation given last year in Detroit—to hold the Associated Alumnae Convention in the Twin Cities in 1910.

The National Associated Charities hold their annual meeting in Minneapolis, Minnesota, next month, beginning June 12. The day previous, June 11, has been given to the nurses. The Minnesota State nurses will act as hostesses on this occasion and send a cordial invitation to the nurses of this Association to be present. The program has not been announced, but something interesting is promised.

THE PRESIDENT.—At Philadelphia last year we had a very interesting conference, especially of the district nurses, and there was one session given on the program to the care of the sick, that was also done at Portland the previous year. These meetings are especially interesting to the district nurses who can avail themselves of the opportunity of being present.

You know last year we accepted the invitation of the California nurses to meet in California in 1908. Now it rests with the California nurses, represented here, to say in what city in California we shall meet. We would like to hear from them.

MISS FITCH.—We will invite you to meet in San Francisco.

On motion, duly seconded, it was resolved that the Association meet in San Francisco in 1908.

THE PRESIDENT.—We will now continue the discussion of this morning.

MRS. GRETTER.—Madam president, this motion has been handed to me to present to the Association:

“Resolved, that a committee of three, with Miss Deans as Chairman, be appointed to receive money, or pledges of money, during this meeting for the Hospital Economics course.”

As Miss Nevins stated this morning, this is the psychological moment for action on this question. I was delighted to hear that fifteen hundred dollars had been subscribed by the superintendents at their meeting in Philadelphia last week. The superintendents of course can do a great deal towards developing interest in raising this sum among other people than nurses, but it is not

enough to have the superintendents interested alone, we must have the active interest and the coöperation of every nurse in the profession. There is not one of us who is not in a position to give or pledge something; every one of us can make a direct plea to at least a few nurses and in that way endeavor to raise an enthusiastic interest on the part of many. I think that the nurses should endow this chair. By giving to each nurse the opportunity of sharing in the responsibility of raising this fund, we will be using the most effective means for raising the standard of education. We want one hundred thousand dollars, but we want, above all else, to develop in our profession that spirit which shall be keen to serve and quick to grasp every opportunity for furthering true education. The object which is before us, because of its high aim and universal character, furnishes us with one of the best opportunities to develop that spirit. We ought to secure to it the coöperation of this great national body of nurses, and in time enlist the interest of every individual member of the profession throughout the United States.

MISS RHODES.—I will pledge myself for five dollars for it to-day and work for more.

MISS NEVINS.—I realize that none of us can be members of all the many organizations that have come up in the last few years in connection with nursing, that we have a great many demands upon us, we have our journals and dues, and many feel, I am sure, and have stated it, that the demands upon us are too great, that too much is asked of us. But I do not know what we have that can come nearer to us than furthering the interests of nurses the world over, and I am keenly interested to-day in seeing what can be done in this great old Association for this teachers' college course, which is for every one of us and the future, and to me it is of prime importance at the moment. I do not think we should leave it to the state associations, or the alumnae associations, but I think that every individual nurse should feel an interest in the matter herself. She can go home and devise means for raising five dollars or fifty dollars. In Washington we wanted to do something, I think we only had about fifty dollars, and a few nurses got together and opened a little fair, with refreshments—cakes and tea and so on—and they made one hundred and fifty dollars with apparently no effort whatever. I am sure that any nurse, or organization, or part of an organization, may say right here, "I will give one hundred dollars for that course," and not know where they will get it, but you will find means to raise it. I know that after going home and thinking over things they don't seem the same to us as they do when we are here, so let us pledge ourselves for it now. I think we ought not to take up much time of the Association about this when we have so many papers before us, but just as quickly as we can get on our feet we should be ready to say, "I will give three dollars, five dollars, or ten dollars, or any sum any nurse thinks she can give, and at the end of fifteen minutes I think we will have a large sum of money. I think the thing should be done right now.

MISS PALMER.—I want the two delegates from Rochester to stand with me for a hundred dollar pledge from the nurses of our city.

MISS PACKARD.—Madam president, there will never be a time in the nurses' organization when we do not know what to do with our money. The nurses of Maryland have, during the past year, contributed in the neighborhood of one thousand five hundred dollars for the relief of tuberculosis in Baltimore,

and I know of other organizations that are busy doing things of that sort. There are fifteen nurses from Maryland here to day who pledge themselves for ten dollars each and will form themselves into a committee when they go back to get more.

MISS AHRENS.—On behalf of some of my friends who love the Association, I want to pledge one hundred dollars for the Illinois Training-school.

MISS NEVINS.—The Johns Hopkins Alumnae, who feel a great deal of interest in this matter, pledge one thousand six hundred.

MISS JOHNSTON.—I would like to pledge twenty-five dollars for the local association of Indianapolis.

A MEMBER.—I would like to pledge one hundred dollars for the New York nurses.

THE PRESIDENT.—We had better appoint a committee to take down the names and amounts. If we are determined to make these pledges, we might as well stop right here and have the motion voted on, then we will have the committee ready to accept the pledges and money. The motion was that a committee of three be appointed, with Miss Deans, of Detroit, as chairman, to receive money and pledges towards the Hospital Economics course.

The motion was put to vote and carried.

Misses Nevins and Alline were elected as the other members of the committee.

MISS SLY.—Madam president, the question has been asked by a member from Missouri as to the limit of time when these pledges must be paid.

MISS NEVINS.—We realized that it was impossible in a great many associations to get at this at all before the autumn, and for that reason January 1st was made the limit of time.

The following subscriptions were then made in meeting:

Protestant Episcopal Alumnae, Philadelphia.....	\$100.00
Kings County Hospital, Brooklyn.....	50.00
Presbyterian Alumnae, New York.....	200.00
Alice Fisher Alumnae.....	100.00
Minnesota State Association.....	100.00
Virginia State Association.....	200.00
Alumnae Association, Hope Hospital, Fort Wayne, Indiana.....	25.00
Pennsylvania State Association, one hundred dollars and as much more as they can raise.	
Maine General, fifty dollars, the delegate pledging herself personally for twenty-five additional, and as much more as she can raise.	
Graduate Nurses' Association, Connecticut, fifty dollars, the delegate personally	10.00
New England Hospital Alumnae, Boston.....	25.00

The delegate from St. Luke's, Chicago, states that her association has already pledged twenty-five dollars yearly for the support of the chair, and thinks it can raise that to fifty dollars this year and as much more as it can after consultation, but she thinks she can promise fifty dollars this year and twenty-five dollars yearly until the endowment is completed.

A DELEGATE.—Personally I pledge twenty five dollars, I prefer to take the matter home to my association before pledging them.

New York State.....	\$200.00
.....	200.00
Illinois State	100.00
Children's Hospital, San Francisco.....	25.00
Miss Sweeney	25.00
National Homœopathic Association, Washington, District of Columbia...	100.00
Blessing Hospital Alumnæ, Quincy, Illinois.....	25.00
Garfield Hospital, Washington.....	50.00
Columbian Children's Hospital, Washington.....	100.00
Wesley Hospital, Chicago	50.00
Hospital of Good Samaritan, Los Angeles, California.....	25.00
Battle Creek Sanitarium.....	50.00
New York City Training-school.....	100.00
Miss de Cue, Buffalo.....	10.00
Indiana State Association.....	100.00
Salem Hospital Alumnæ, Massachusetts.....	50.00
Grant Hospital, Columbus.....	25.00
Lakeside Hospital Alumnæ, Cleveland.....	50.00
Germantown Hospital Alumnæ.....	25.00
West Virginia State Association.....	50.00
Hospital of Good Shepherd Alumnæ, Syracuse.....	25.00
German Hospital, New York.....	25.00
Mt. Sinai Training-school, Alumnæ, New York.....	100.00
Missouri State Nurses' Association.....	300.00
Allegheny General Hospital, Alleghany.....	50.00
Bellevue Hospital, Alumnæ	500.00
Bellevue delegates	25.00
Massachusetts State Nurses' Association.....	100.00
New Hampshire State Association.....	50.00
St. Luke's, Richmond	25.00
Sixteen members John Hopkins Alumnæ.....	600.00

MISS NEVINS.—If there are no more alumnæ associations, or state associations, or any associations, whose delegates feel entitled to pledge anything, how many of those present will give one day's work, three dollars, which is less than most of you get? Will you all rise? (Large number rise.) Not to take up any more time this afternoon, will those individual members who have pledged please give the pledge to the chairman of the committee before you leave the hall this afternoon?

THE PRESIDENT.—The Women's Hospital Alumnæ of Philadelphia, which is not a member of our body, pledges twenty-five dollars.

THE BLAZING OF NEW TRAILS

BY THERESA EARLES MCCARTHY

WE have traveled a long way toward our Promised Land; through the valleys of Doubt; over the streams of Prejudice, and upward on the mountains of Progress. The way has been no common or garden path. Numerous and great have been the obstacles blocking our advance. We have known the discouragement of delay; thirsted for sympathy and hungered after encouragement. The hot sun of unjust criticism has spared us not, and our spirits have been chilled and dampened by indifference. Our leaders are women who have not only our own admiration and gratitude, but the honor of the whole world. With complete capability; an unselfish willingness to accept responsibility; resourceful; self-reliant; meeting difficulties with cheerful confidence and sound judgment, they have led us on. With entire fearlessness, their feet planted on solid earth, they have toiled onward and upward, leaving broad, well blazed trails for us to journey over. The story of our advance, under the leadership of these gifted women, reads like a romance. In little more than a quarter of a century we have reached the Heights. Let us pause in our work of road clearing and glance back over the way we have come.

What a panorama meets our gaze! The valley of Doubt, which was as a desert is blossoming like the rose from the seeds of Love and Faith, we planted and nourished there. Over the streams of Prejudice, which we have bridged with the true steel of Confidence and Ability, we see thousands of our fellow-workers crossing; and on the mountains numerous fresh trails are being blazed by those spurred on to new achievements by the example of our leaders. From our vantage point we can see how unnecessarily difficult are many of the paths. Surely that of the pupil nurse needs much correction. There have been few improvements and much abuse of this way, since we passed over it. Only a few of the ruts, caused by the lack of uniform instruction have been removed, and the chuck holes of overwork are still strongly in evidence. The guide posts, marked Ethics and Professional Responsibility, are not even glanced at by the tired, hurried travelers. Besides, the wording is somewhat blurred, indistinct and difficult to understand without example and explanation. And oh! so many are stumbling on, up that trail. Women, who bring to the struggle youth, health, strength, education, refinement, disinterested love and the essential spirit of self-sacrifice.

The unevenness of this road seems almost unpardonable neglect. Many have turned back, discouraged; others struggle on, broken in health and spirits. It is pleasant to see the steady advance in strength and numbers of the fortunate ones, who walk in the comparatively level paths, but our hearts rebel against the spirit of commercialism which pushes others back into the ruts—the long hours of “double duty;” the inferior quality of food; the “double deckers;” the incompetent superintendent, devoid of all professional spirit, whose sole aim is to save money for the institution and thus keep her position; the haphazard lectures masquerading as curriculum. Is it any wonder that many who have begun to journey over this trail with noble ideals, come to regard nursing as merely a bread and butter problem, and possess no more idea of the “noblesse oblige,” of their profession than if they had studied in a correspondence school for nurses? We cannot afford to lose so many workers, nor is it profitable to permit those who are succeeding in coming over the trails, to be so little prepared for the work before them. It is our duty to repair these roads. Let us consolidate and level them with the macadam of state registration and inspection of Training-schools.

The trail of private nursing! We may avoid it and yet reach the Heights, but if we do, we will have missed something that no other trail can teach. Not only of privations, physical discomfort and shattered nerves, but a view of mountains and canyon; lake and river, color and breadth and height that are indispensable if we are to aid in the blazing of new trails. It is indeed a difficult one. Some parts of it are almost impassable and it is largely an up-hill, dusty climb. Its travelers are exposed to many changes of altitude and great variation of temperature, and strength of heart, mind and limb are as essential as strength of character to those choosing the way. This will never be a smooth, easy path, but many of its difficulties may be removed by attention to the guide posts, “Ethics and Professional Responsibility.” As we look back, how easy it is for us to see that most of the failures and almost all of the weariness and discontent may be traced to the failure to observe and obey the precepts they point out. And it is *not* because those on the trail deliberately turn their eyes from the signs they should follow; it is *not* because they are wilfully indifferent to their own welfare and that of their companions. The woman who successfully journeys along the trail of private nursing has far too much of the Divine spirit of self-sacrifice in her character to merit this reproach. It is because they do not realize what an important part their own work bears to the whole plan. They have not been taught the meaning of community of interest and “one for all and all for one.” They do not under-

stand that we have undertaken to prove to the world that not only do we consider it our duty and blessed privilege, but that we are capable, prepared and determined to take no mean part in the world's work: not only in caring for the sick and helpless of body of all classes, but also the diseased of mind and soul: not alone in preventing the spread of disease, but also in preventing the increase in crime. We must make this plain on all our trails. Blaze it in deep with love and patience, that all may see and point out to other followers, who will aid in making perfect the way. It is most encouraging, this view of the paths over which we come. We must use the lessons it teaches in fortifying and broadening out the trails that have brought us here and in the blazing of new trails. For although we have traveled far and the summit is in sight,

“A battle's to fight ere the guerdon be gained,
The reward of it all.”

The glance backward is encouraging but how thrilling and inspiring to look forward and see what an enormous territory the experiences of the past have prepared us to cover. The successful beginning of many new trails are evidences that this preparation has not been in vain. Settlement work, district nursing, the care of the defective, the dependent and delinquent, in fact all forms of philanthropic and sociological work are among the new paths. We must prepare ourselves well and be worthy of the new responsibilities they bring. It matters not what trails we take, so long as we work together. We must perfect our organizations and be loyal to them. The difficulties will have no terror for us, but we are in danger of losing our way if we wander off the trail or lose sight of the glitter on the trees, made by the blaze of our leaders which reads “Ethics and Professional Responsibility.” Let us waste no time, but hurry on to the fulfillment of our hopes. It is a journey of love and sacrifice, and the labor of it is not only for the morning hours but for the noonday and the night, and for all times, all places and all occasions,

THE PRESIDENT.—The paper is open for discussion, if you desire. If not, if there is any new business to bring before the Association we will take it up now.

MISS JAMIESON.—Madam president, there is a matter which is of intense interest to the western nurses, and while it may not seem important to the eastern nurses, I beg that you will try to get our point of view. I will first read my motion and then speak about it.

I move that it be the sense of this meeting to instruct the board of directors to recommend such amendment of the by-laws of this association as will provide for the admission of local organizations maintaining desired standards of eligibility.

In the west we have many eastern nurses, we have many graduates of first-class schools who have come west. They never care to go back east. Some stop in Indiana, others go on to Montana or Dakota, or perhaps as far as California. These nurses are absolutely away from their regular organizations, and the western nurses are not organized. Fully twenty per cent. of the nurses of Minneapolis and St. Paul have no connection whatever with the local *alumnæ*, and they earnestly desire that such action shall be taken by this body as will give to them this representation. Ten years ago, when this body was organized, the only available organizations were the *alumnæ*; it was born at Baltimore. Now this infant, born at Baltimore, is ten years old, and has developed into a good-sized child. But in the years to come should there not be a development that will mature her into a broad, wonderfully open-minded woman, if I may still use that figure? Has not the time come when we shall not be known by the schools we graduated from, but as registered nurses? Physicians and lawyers are never known by the schools they graduated from, but by their standing in the community. Why should not local organizations with as high standing as the *alumnæ* associations be admitted into this body? Our by-laws will have to be amended, but why should we not broaden out the circle of this *alumnæ* society? Why should we not become a representative body of all the nurses, not simply representing the schools but representing the nurse body as a whole?

I will not take up more time, because there are many who can speak on this. I hope the eastern nurses will see what it means to be out west and not have the inspiration that comes from this body—not that they are unable to come, but they are not interested. I never knew there was such a body until I learned it through our county body some years ago, when we were anxious to send a delegate, but we found she could not vote. It does seem that the time has come when this association should broaden out and not think only of schools, but of nurses who are broad-minded and have gone out to help develop new territory. We find that nurses from Minneapolis and St. Paul have gone further west, and they have organized county associations. No longer do the doctors ask, "What school do you come from?" They ask, "Do you belong to the county organization?" Our standard is so high that they ask no further questions.

MISS ROMMELL.—Madam president, we had some trouble with the wording of this motion, but we want you to understand that what we want is to have representation from our local organizations, and that such change be recommended by our directors next year.

THE PRESIDENT.—The way of affiliation can be worked out through the by-laws by the board of directors. The maker of this motion asks that the association instruct the directors to recommend such amendments as will provide for the admission of these societies. The kind of membership and the way they do it of course would be left to them and established in the by-laws. The idea of the motion is just to make a beginning in some way towards the admission of these local associations.

MISS KERSHAW.—Are they not members of their old *alumnæ* associations, even if they are in other parts of the country?

THE PRESIDENT.—In some cases that is so, of course, when they retain their membership in their old local *alumnæ* association. But the idea of the

motion is that an alumna, whether she retains here membership in her local alumnae association or not—in some way may become a member of this National Association. This is an association of alumnae, we can admit graduates of training-schools, if we so choose, without their belonging to their own local alumnae association; our name would cover them as it stands. I wish to say that I am very much in favor of this proposition. I was for a long time a member of a local association of nurses who came from different parts of the country and were banded together in a city where we could not keep in touch with our alumnae associations; I was a member of my alumnae association but I could not attend the meetings, and in order to keep in touch with the nurses' work I had to belong to the local association; and I understand and appreciate the feelings of these nurses and their desire to be affiliated with this national body, and I do earnestly hope that some means may be found for their affiliation. We do not want to keep any out who are of the right sort.

Miss Jamieson's motion was then voted upon and adopted.

SOME URGENT SOCIAL CLAIMS

By L. L. DOCK

It is a long time since I have had the pleasure or privilege of meeting this society, and now that the opportunity has been given me, I am seizing it to speak to you on a subject which is not strictly in the line of our profession but which presses itself upon me, has always since I began to think about anything and every year more urgently, as the thing of all others which is of the nature of the next step; essential to the whole scope and reach of social progress and important in its bearing upon character development as well as a thing of concrete, practical possibilities in all work and all advance. I mean the subject of the political enfranchisement of women, which embraces the whole consideration of the many fields in which women are striving for a secure foothold, that they may live and express themselves and share those rights of life, liberty, and the pursuit of happiness which Thomas Jefferson declared to be inalienable. There are a number of reasons why I wished for permission to speak to you on this theme. One is, that I surmise to the majority of nurses it is a far-off, abstract, uninteresting theme, or even, it may be to some, one to be avoided with disapproval, or with the indifference of the extreme specialist toward all outside of a specialty. Another is that I am ardently convinced that our national association will fail of its highest opportunities and fall short of its best mission if it restricts itself to the narrow path of purely professional questions and withholds its interest and sympathy and its moral support from the great, urgent, throbbing, pressing social claims of our day and generation. Another is that I suspect many of you, absorbed in your

patients and your direct duties, are unaware of how rapidly this once revolutionary proposition is becoming a reality, or of how soon you may be called upon to respond to its actual presence in your midst.

Let us go over these reasons with a little more detail.

OUR GENERAL INDIFFERENCE

Of old the nursing sisters of the religious orders, closely confined in shackles of mental subjugation and social renunciation, consciously withdrew from all participation in things of the world, had no idea of preventive or constructive reforms, held no radical hopes of remaking the social order about them, but gave their lives to an unquestioning service of reparative and ameliorative devotion. If their paths were strewn with the wrecks of social justice they patiently and untiringly bound up the wounds and nursed the victims without a protest. If their hearts ever broke under the weight of preventable misery amidst which their lot was cast, they broke in silence. We have cast off their shackles, because we refuse to be cut off from the world about us. We have declared our principles to arise from another basis than theirs. We belong to an age which rejects the theory that misery and sickness are unpreventable,—which is learning to place prevention before amelioration, which is responding to the thrill of the discovery that the human race, as well as raw material, is capable of construction, of indefinite development and improvement; that human society can be voluntarily and consciously built into nobler and fairer forms than those of the past. If now, having secured the freedom which was denied to the sister of the religious orders, we shirk its responsibilities and ignore its duties, then we deliberately clothe ourselves again in her narrow-mindedness but without her holy zeal and self-consecration. Are we to choose for ourselves only the personal advantages of a greater freedom and to neglect the claims it makes upon our intelligence and our unselfishness? Those of you who are already keen and open-minded on this subject will bear me witness in reminding the indifferent ones of the story of the foolish virgins who were not ready when the call came. Women who are indifferent to the movement for political emancipation are often amazed when they are confronted with the facts of the actual advance of this social change.

As the modern nursing movement is emphatically an outcome of the original and general woman movement and as nurses are no longer a dull, uneducated class, but an intelligent army of workers, capable of continuous progress, and fitted to comprehend the idea of social responsibility, it would be a great pity for them to allow one of the most re-

markable movements of the day to go on under their eyes without comprehending it. In the belief that such inattention actually exists in a large measure, I think it timely to present the following resume of the gradual extension of political equality to women up to the present time. It is a set of data sent by Miss Alice Stone Blackwell, one of the Editors of the *Women's Journal*, to the *New York Evening Post*:

"Seventy years ago women could not vote anywhere, except to a very limited extent in Sweden and a few other places in the Old World.

In 1838, Kentucky gave school suffrage to widows with children of school age. In 1850 Ontario gave it to women both married and single. In 1861 Kansas gave it to all women. Sweden gave women municipal suffrage in 1862, and New South Wales in 1867. In 1869 England gave municipal suffrage to single women and widows. Victoria gave it to women both married and single, and Wyoming gave municipal suffrage to all women. In 1871, West Australia gave municipal suffrage to women. School suffrage was granted in 1875 by Michigan and Minnesota, in 1876 by Colorado, in 1877 by New Zealand, in 1878 by New Hampshire and Oregon, in 1879 by Massachusetts, in 1880 by New York and Vermont. [In 1879, when the school suffrage was given to the women of Massachusetts, one of the members of the State Senate said, 'If we make this innovation, we shall destroy the race, which will be blasted by Almighty God.' I leave it to your common sense to decide how nearly right he was.] In 1880 South Australia gave municipal suffrage to women.

In 1881, municipal suffrage was extended to the single women and widows of Scotland, and Iceland gave single women and widows the right to vote for parish councils, district boards and vestries.

Nebraska gave women school suffrage in 1883. Municipal suffrage was given by Ontario and Tasmania in 1884, and by New Zealand and New Brunswick in 1886.

In 1887 municipal suffrage was granted in Kansas, Nova Scotia and Manitoba, and school suffrage in North and South Dakota, Montana, Arizona and New Jersey. In the same year Montana gave tax-paying women the right to vote upon all questions submitted to the taxpayers.

In 1888 England gave women county suffrage, and British Columbia and the Northwest Territory gave them municipal suffrage. In 1889 county suffrage was given to the women of Scotland, and municipal suffrage to single women and widows in the Province of Quebec. In 1891 school suffrage was granted in Illinois.

In 1893 school suffrage was granted in Connecticut, and full suffrage in Colorado and New Zealand. In 1894 school suffrage was granted in Ohio, bond suffrage in Iowa, church suffrage in Denmark, and parish and district suffrage in England to women both married and single. In 1895 full suffrage was granted in South Australia to women both married and single, and the right to vote for councillors to the women of Denmark. In 1896 full suffrage was granted in Utah and Idaho.

In 1897 Norway gave women a vote on certain church matters.

In 1898 the women of Iceland were given the right to vote for all officers except members of Parliament; Minnesota gave women the right to vote for

library trustees; Delaware gave school suffrage to tax-paying women. France gave women engaged in commerce the right to vote for judges of the tribunals of commerce, and Louisiana gave tax-paying women the right to vote upon all questions submitted to the tax-payers. In 1900 Wisconsin gave women school suffrage and West Australia granted full parliamentary suffrage to women, both married and single.

In 1901 New York gave tax-paying women in all towns and villages of the state the right to vote on questions of local taxation. Norway gave women municipal suffrage, and the Kansas Legislature voted down almost unanimously, and 'amid a ripple of amusement,' a proposal to repeal municipal woman suffrage.

In 1902 full national suffrage was granted to all the women of federated Australia; state suffrage to the women of New South Wales, and Iceland made single women and widows eligible to all the offices for which they could vote, *i.e.*, as members of parish and town councils, district boards and vestries.

In 1903 bond suffrage was granted to the women of Queensland, and municipal suffrage to the women of Natal, South Africa.

In 1906 Finland gave women full national suffrage, and made them eligible to all offices, from members of Parliament down.

Within the last few weeks Finland has elected nineteen women to its Parliament."

This is the first instance in the history of the world of women being sent as members of a national legislature. Then, all of you who read the papers carefully, are aware how near the women of Great Britain came in the present session to obtaining the parliamentary franchise;—so near, indeed, that it was only snatched from them by a trick as base as it was desperate. But time does not permit me now to go into that discussion. What I want to make my main point is to insist upon the fast-coming change portended by all the signs of the times, and to ask: are we ready for it? What is to be our attitude toward full citizenship? Shall we be an intelligent and enlightened body of citizens, or an inert mass of indifference? Already our members in four western states enjoy political equality. How do they regard it? Do they realize their duties in this respect? Then, many of our members must live in communities where women have school suffrage. Do they exercise it? Let us now come to the position of our National Association on this subject, embracing as it does, let me repeat, the whole field of self-supporting industry and of education to prepare men and women for that industry. What I feel strongly is that our National Association might and should rise to a broader and more general consideration of large, general subjects than it has heretofore done, or than our local bodies, perhaps, have time to do, though these also, I believe, might well broaden the scope of their interests.

Our local bodies must, however, always carry many details of our professional lives. They must concern themselves with many practical questions, law-making, registration, sick benefit funds, the ethical standards of members and a thousand Martha-like cares. I would like to see our national body leave all smaller concerns to the local societies and consciously make itself a moral force on all the great social questions of the day. Of old we have at times discussed in our national and state meetings, such trivial difficulties as uniforms, perplexities arising from personal preferences of patients for one nurse over another. But now the day has come when we might here decide on our place, our share, and our policy toward the great social claims of education and educational reforms,—industry and the industrial situation—especially as it relates to women—child-labor, its iniquities and dangers (no question more than this has a direct bearing on the public health or the spread of tuberculosis, in which we are taking an active prophylactic part, and none is more sinister in its influence on education); prostitution and the white slave traffic with its trail of disease and death, and the recent movement to teach sexual hygiene, to inculcate a single moral standard, and to combat venereal disease of which we make so melancholy an acquaintance—not only in the wards of city hospitals but even among our private patients; this, one of the newest reform and educational movements, proves perhaps more strikingly than any other that a new conception of human society has arisen and that a new ideal is to be pursued for the future. I am far from thinking that many of us individually can take any active or direct part in extending these various propaganda, but to all of such movements we could give at least intelligent sympathy and moral support—perhaps occasionally some useful service—certainly often our mite in money, and so closely are all the threads of modern life intertwined that it is a question how long we may as an organized society withhold our interest from these subjects and yet demand the interest and the respect of society as a whole for ourselves and our individual problems. I would like to hear these great social questions discussed in our meetings. I would like to have our journals not afraid to mention the words political equality for women. I would like to see our local groups give more time to a consideration of their relation to other bodies of workers, for it has been said by a wise person that those who only know their own specialty do not even know that one. Consider, for instance, for a moment, the relation of our own educational problem to the present conditions of industrial life. We are absorbed in the effort to establish and maintain a sound preliminary education for women desiring to become nurses. But as, in the final

event, most women who become nurses will do so because they wish to support themselves, we must observe what conditions are affecting the great mass of self-supporting women. We then find that the industrial tide is sweeping thousands of young women into occupations at younger and ever younger age, ever less and less well prepared for their occupations by education, training, and discipline, and we then, observing farther, find armies of children, literally armies, for there are nearly two million, underbidding these young women and older children in self-supporting occupations, losing their school time, destroying their physique and preparing a racial deterioration. These millions of children are dragging down the general standards of education and training all over the country wherever they are—and will not many of them in the future lower the standards of coming generations of nurses? For no higher education can remain sound and stable unless it is based on adequate primary instruction and effective manual training. Such by-paths link our destiny with that of every other worker.

To those who are keenly interested in movement for political equality it is very significant to note the gradual change in the tone of the press, and to see such publications as *Harper's Weekly*, and the *North American Review*, come out openly in advocacy of the political enfranchisement of women. The fact is that modern industrial society is creating a set of conditions which can only be met and properly handled by legally giving women the same place in public affairs which has been her traditional place in the home, for now the home is reaching out into every ramification of public life. For a general and clear statement of this idea nothing is better than a pamphlet written by Miss Jane Addams, called "*The Modern City and the Municipal Franchise for Women.*" It explains the altered conception of the modern city, compared with that of the mediæval one. The problems of the modern city are almost entirely housekeeping questions on a vast scale. The cleanliness and healthfulness of the city must be simply extensions of the cleanliness and healthfulness of the home; the care of children needs now to be extended to the public school, to the factory, to the shop,—even to the courts, and to the prisons. The care of the young must be extended to the street, to the temptations put in their way by franchise-holding men; to the badhouses, to the saloons, again to the courts, to the jails, to the halls where laws are framed. The health and happiness of the home and the vigor of the mother of future generations must be protected in factories, in sweat-shops, in caravansery laundries, in vast unhygienic business establishments,—four snug walls no longer bound the domain of the home. These responsibilities do not belong to men

alone nor can these conditions longer be met and adjusted with that organ of self-expression, the ballot. I have been much impressed lately by what I have seen of enlightened women, going disfranchised, to legislative assemblies to struggle, handicapped, in defence of the children in industry against men, strong in entrenched forts of governmental rule and armed with their ballots. It is a distressing and a pitiable sight. This was in my own state which has a bad record in this respect. In the western free states, the women secure, without a tithe of the nerve-rack, better conditions of labor and of education for their children than those of eastern states can secure by their influence. And I have been intent on the struggle of the women teachers in New York State for the justice of equal payment. The only states in the union where women teachers are paid the same as men are the four free states of the west. So far, in our own legislation, we have been fairly successful, but let me close with this prophecy: Until we possess the ballot we shall not know when we may get up in the morning to find that all we had gained has been taken from us.

THE PRESIDENT.—The paper is open for discussion.

MISS DAVIS.—Madam president, I have been asked to lead the discussion on this paper. I had not the remotest idea of the trend of it, but I am sure that many thinking people believe in giving the ballot to women. We all believe that were the franchise granted to women, the administration of existing laws would be much more effective, and the making of new laws would be much more effective, more exact, and much more humane; for the laws that already exist are good laws but their administration is not always along the lines of humanity. We are striving in a small way to gain legislation in our profession, and to take hold of this question might injure us, and probably would. I do not think Miss Dock means that; I think she means we should discuss such questions and inform ourselves along such lines, and, as we are all well-disciplined, high-thinking women, when the time comes to act we shall know how to make laws and how to have them properly administered. I would like to hear from some of the states that have the franchise, how much more they are able to do along these lines than we are in states that have not the franchise for women.

MISS BOYD.—Madam president, personally I do not believe in women having the franchise. I have been west for thirteen years; I went to Colorado when women first obtained the right to vote. It was intensely interesting to me because I came from New York where everything is conservative, and I attended all the meetings and I was very sorry I had not a chance to cast my ballot. In the course of time I became a citizen and I did vote, and then I became interested in nursing work; now I believe it is a duty, and as long as the privilege is given to the women of that state they should exercise that privilege and cast their ballots. The last election we had there was probably the best that Colorado has had. Before that the better class of women left the ballot to the women in the lower half of the town—I am speaking of Denver specially—and they carried things their own way which was not the best way for the community. This

last time, by a new election law whereby the voters are registered in their homes, the bad registration lists were restricted, and the better class of women came out and cast their ballots, and we had a much better and cleaner election. I am not able to answer Miss Davis' question. Women have been in the legislature, but it seems to me that when you go into politics, there are a great many things you have to take up if you go into it fully, and we loose a little something as women, I cannot help feeling that. I think the making of citizenship comes before a person is ten years old, I don't think it comes after twenty-one; and I think that Judge Lindsey in his work among the children and people of Denver is doing much more for citizenship than all the women votes of Colorado.

MISS DOCK.—How has Judge Lindsey been able to hold his position? The women of Colorado have kept him in office against the combined efforts of corruption in that state. It is the women of Colorado who have made it possible for Judge Lindsey to save their children.

MRS. ROBB.—Madam president, I would like to have a moment to speak on an urgent social claim that has been called to my attention by being asked in my home city to give lectures on hygiene to our school children, by reading two articles in *THE AMERICAN JOURNAL OF NURSING*, and by having my attention called first to the fact that at the last June meeting of the Medical Association of America there was a symposium of papers presented by a doctor there upon what he called the two great social evils of the present time, the two plagues of the present century; he termed them the white plague and the black plague, and said that we must turn our attention to doing something more than we have been doing to wipe them out of existence. Then *THE AMERICAN JOURNAL OF NURSING* called your attention to that symposium of papers. The *JOURNAL* also gave us articles on what it called Venereal Prophylaxis. I think if the *JOURNAL* never gave us anything but those articles, it is worth everything we have done for it. I want to beg you, when you go back home, to take those numbers and read those articles over carefully once more, and then consider what claim there is upon us as professional women to assist the doctors in stamping out these two plagues in this country. One is tuberculosis and the other is venereal diseases. I was very strongly impressed, and I thought it my duty this last winter, though I have very many matters to occupy me, to speak to the children on hygiene; I commenced with anatomy and physiology, and it was most impressive to me to see how the little eyes and ears opened for instruction about the human body, to know something about themselves and to be told it in such a way that they could take it in and apply it practically in every-day life.

I gave another course of lectures on hygiene to a class of women preparing for work as kindergarteners. Before giving the lectures, I asked those of the students who had had instruction in anatomy and physiology to stand up, so that I might know how intelligently they would be able to receive my remarks on hygiene. Less than one-third of the women stood up, and they were all high school graduates.

Now it seems to me that there are two bodies who are distinctly educators, the teachers of our country and ourselves, and it seems to me that our special line of education, as we know how important it is to advance preventive medicine, is to take just this one particular line of work for our own in our local asso-

ciations, to create first a public sentiment for teaching anatomy and physiology, not as it is attempted to be taught to-day in our public schools and high schools and private schools, to boys and girls together, but as it ought to be taught, practically, and with demonstrations, so that the pupils will be able to apply it, for them to be taught it until they become grown young men and women, and do away with this ignorance, this great mystery, of the human body as the general public considers it, make them realize what their bodies are, and the uses and abuses of them; and I think we will have less need to nurse those two great diseases.

I would just like to make this suggestion. Our president in her opening address touched upon our duties from an educational standpoint, and I felt, after Miss Dock's paper, that perhaps we ought not to go away to our homes in distant states without a definite line to work upon. It seems to me that public school teachers, generally speaking, are not in the position to teach anatomy and physiology that trained nurses are in. I know one woman who came to me in connection with her sister who had to have an operation; she said, "I don't know anything about that because I don't know anything about the human body." Another woman of fifty to whom a nurse was giving massage, said, "What are muscles?" I could tell you many things about the deplorable ignorance of women about the abuses of the human body, and these are the things we are fighting. The great problems we have to meet are results, as we know, of ignorance on that one subject. We would not have so many patients in the hospitals, we would not need so many hospitals, if people knew more about the human body. So don't you think it possible for us to create a sentiment in our different towns upon the necessity of teaching children, practically and intelligently, those subjects of anatomy and physiology, and then to apply the rules of hygiene? Do you not think we should create teachers for that purpose? It is not necessary that one woman should be appointed to every school, but if we had one good woman for the schools of a city, she could go from one school to another and teach so that every child in the city would have that instruction. You have taken a great step towards that in your liberal contribution to the Hospital Economics course; that was originally created especially for women who wished to become hospital superintendents, but I have been going there every year to give my share toward the teaching and I have been meeting women coming back for the second year. There are three or four of them who have not any intention of ever becoming superintendents of training-schools, but they are taking special courses in anatomy, physiology and psychology and are being taught how to teach, how to impart that knowledge to others. They are splendid women, and my eyes were opened to the possibility of using these women taking that special training for these special lines in our training-schools, it will help us tremendously; and now comes another opening for them if we can introduce them into our public schools and private schools for boys and girls and give them the right knowledge of how to care for the human body, how to use it and how to reverence it, so that they will not have these diseases.

THE PRESIDENT.—It seems a most opportune moment to take up the suggestion made by our board of directors, that we have a Committee on Public Health in this Association. If that is your pleasure, a motion to appoint such a committee will be in order before we adjourn to-day.

MISS McMILLAN.—I move that the president appoint a Committee on Public Health.

The motion was seconded and carried.

THE PRESIDENT.—I do not feel that I can appoint that very important committee on the spur of the moment, but it will be appointed at the directors' meeting and the announcement made. Are there any other topics to discuss?

MISS DAVIS.—Madam president, I have here an appeal to the nurses of America, coming from a number of superintendents of training-schools, calling the attention of the nurses to the proposition of a certain Insurance Company, which has arranged special rates for nurses.

It has been partially investigated, and found to be a good investment, and a reasonably safe proposition. I have been asked to put this before the society, but as I know so very little about it, I think it had better be investigated or discussed, or something done to it by this assembly.

MISS DEWITT.—This is such an important matter, and it is so hard for a large body to investigate the details of a business proposition like this, that I move it be referred to the board of directors for investigation.

The motion was duly seconded and adopted.

MISS McISAAC.—Madam president, I would like to ask that a committee be appointed during the coming year for the consideration of the subject of an annuity fund, or something of that sort, for nurses. I do not know enough about the phraseology of matters of that kind to put it properly, but I move that a committee be appointed to look into that matter in conjunction with the superintendents' society, and the state societies, to see if we cannot among ourselves do something of the same nature that the insurance companies do.

THE PRESIDENT.—Do you want this committee appointed by the directors?

MISS McISAAC.—By the Chair.

MISS JAMME.—Would it take too long a time to have some statement from Miss Dock as to what the European nurses are doing?

MISS DOCK.—Germany has state insurance for all working people, which is very different from any other country; we can't get that. It is a very respectable thing because the worker and employer contribute, and the state adds a tax. The taxes are not large, but they are something, and the Nurses' Association there insists on all the members joining the Government insurance.

The strong point about the Government insurance is that you do not have to pass a physical examination.

The German Nurses' Association says to a member, "We want you to do all you can for your own self help, and after that the organization will help you, but if you neglect the means of helping yourself, which are open to you, then you must not expect other people to assist you."

That works very well. The German organizations have an emergency fund. The English nurses have not any good system whatever; it has been in the past the custom of certain hospitals and certain institutions to pay the nurses a certain sum, after a certain length of time; that is very nice, but of course it is very limited. They have there what I consider the most objectionable system of insurance existing in any country, the Royal Pension Fund, gotten up by Mr. Burdette, which is made by some hospitals obligatory upon its pupils, which I think is altogether odious, objectionable, impertinent and tyrannous. It is simply an insurance. I have never been able to find that its benefits are in

any way better than those offered by the insurance companies, not as favorable as those offered by the German insurance companies, which are perfectly business-like. And then there has always been connected with the British Pension Fund a most objectionable flavor of patronage. The names of the nurses who join it are published, and there has always been a most objectionable flavor of patronage, condescension, and almost charity.

Of the independent organized nurses, ninety-nine out of a hundred, I think, do not belong to it, and they have no such sick benefit funds as we have, nothing organized on a general scale.

MISS GREENTHAL.—Madam president, I would like to say that the Mount Sinai Association is at present founding a Pension Fund in connection with our alumnae association, and trying to have it incorporated. Just now we have had some trouble in that respect on account of the insurance laws, but we hope to succeed.

The motion to appoint a committee to look into the insurance subject was duly seconded and adopted, and the president appointed on the committee, Miss M. E. P. Davis, Miss Anna C. Jamme, and Miss M. L. Wyche.

THE QUESTION BOX

Led by Miss McIsaac, was then taken up

MISS McISAAC.—There was an article in a recent number of the *JOURNAL* on the inadequate training of the superintendents of small hospitals. Cannot any further advice or assistance be given to those poor souls present at this meeting?

MISS NEVINS.—Let them take a course in Hospital Economics.

MISS McISAAC.—I cannot give the questioner any better advice than Miss Nevins has given, a course in Hospital Economics in the Columbia University in New York, will be of great assistance, and also membership in the society of superintendents.

What effect will registration have upon the smaller hospitals? Some of those from states where registration has been in effect some time can best answer that.

MISS PALMER.—I think the general effect in New York has been a very great desire to comply with the standard. We are forming affiliations in every direction for the special branches in which small schools are deficient.

Children's hospitals are being affiliated with general hospitals. Many small hospitals which had been running along in a very unsatisfactory way, have become very much alive to their responsibilities.

The superintendents of the small schools are clamoring for help, and wanting all sorts of assistance in their problems. I think in that way registration has acted as a great stimulant, and having a State law, they are able now to go to their boards and say, "The law requires us to give certain instructions under certain conditions," and while the boards may not be overcordial about it, there is a movement in that direction, brought about by state registration.

MISS McISAAC.—Miss Alline, have you anything to add to what Miss Palmer has said?

MISS ALLINE.—I think Miss Palmer outlined it for you. The main point is affiliation, affiliation, affiliation. It is coming to us all the time. We are giving all the information we can; we know when schools have something to offer, and then we have that to present to those asking for affiliation.

Another thing that has helped the smaller schools a great deal, is the outline put out by the State Board.

Many of you have received that, and all of you desiring it can obtain a copy from the department at Albany, and those of you who have the JOURNAL will find it in the May number of last year. That has helped the small schools as much as anything.

Another thing that we must add very soon, is to have the schools keep a record of the work done by the pupil nurses, the practical and theoretical work must be recorded by the schools, and as soon as the schools can agree on a form of a record that will be on a simple plan, that will not take all the time of a clerk to keep in order, it will be a still greater help.

MISS PALMER.—Miss DeWitt has compiled from a number of school records a suggestive form for a record book which she intends that the schools shall improve upon, and we are publishing that in the June number of the JOURNAL.

The lack of uniform information has been one of our great problems in the state work. Many schools have no records at all for many years back, not even lists of their graduates, and they were absolutely unable to say whether a certain woman graduated from there or not. They say, "We find the name of such a woman on our pay-roll, but the superintendent who was with us then has gone; she kept no record, and there is nothing to show whether she graduated from our school or not." I think that is one of the most deplorable things that registration has brought to light about our training-schools.

MISS McISAAC.—There are two questions so nearly identical that I think they may be taken up together.

The first one is, Shall a nurse receive a pension when she is too ill to follow her profession, and how shall we establish such a fund? The next is, What is being done by the alumnae associations for those of their number, who by sickness, or being crippled, become unable to care for themselves for some time or for the remainder of their lives, as the case may be, or who have been unable to put aside for the inevitable rainy day?

MISS RHODES.—At Bellevue, we have what we call a sick benefit fund.

MISS McISAAC.—Most alumnae associations have a sick benefit fund. To give an instance of a nurse being stricken down, which took place in my own experience, this nurse met with a terrible accident, in which she lost the use of both hands and feet. She was a very young woman, she had been out of school about two years only, and had worked only such a short time that she had not enough to keep her more than a year or so, and the nurses of her alumnae association, which was mine also, made an appeal to every nurse in the association, and the graduates, inside of a month, raised twelve thousand dollars. The contributions came from a great many who did not belong to her associations at all. The money was put in trust in one of the banks in Chicago, and the interest was for her use as long as she lived, and afterwards it is to be used for the nurses of three associations in Chicago, if any one of them loses her health, or meets with an accident so that she is entirely incapacitated.

One of the nurses spoke to-day of the fund the Mount Sinai Nurses are establishing.

MISS GREENTHAL.—Only nurses of the association are eligible for that. We have a fund from which we also help nurses that have already drawn upon the sick benefit fund. A nurse can draw on that fund as long as she needs it. In addition to that, we are establishing a fund for nurses who are too ill to work, or have become incapacitated before they have reached the age limit.

Of course this is in its infancy now, we have not begun paying, we are simply working on it.

MISS McISAAC.—Another thing is, that when a nurse is ill, she is obliged to ask help of the alumnae association, but when she is well enough, she returns it to the association. That has been done in our association, and in a great many others,—a nurse becomes ill, and accepts the help of the association, and when she takes up her work again, she returns the money to the association.

We have had hundreds of dollars returned to our alumnae association in that way. I think it is a very good spirit. If she cannot repay it, she can't do it of course, but if she can repay it, it is there to help some other nurse who drops down by the wayside. But if this committee brings us a proper method next year, those of us who have not gone as far as Bellevue and Mount Sinai, can band together and establish a pension fund, and thus the bad time of incapacity can be helped over.

The next question is, Should we have a sliding scale of charges? This is a question that applies, I think, exclusively to the private duty nurses, it is not intended to include the superintendents, I imagine. Miss Dock, will you say something on that?

MISS DOCK.—The only thing I will say on it is that not long ago we were talking in Bellevue about it, and one of the private nurses said that she did not think women should go right on nursing men at a lower scale than a man nurse. In nursing men, the male trained nurses get much more than the women get, why? I think if some of our women friends are trying to lop off our rates by employing correspondence-school nurses for ten dollars a week, I do not see why we should not even up the other end of the scale by charging the man patient the same scale that the men nurses charge.

MISS McISAAC.—I am very sorry we have no more time for the discussion of these questions. I would like to read those that we have not discussed: "Can any nurse suggest a plan for introducing or transferring a member of one state association to another, or introducing a member of an alumnae association to the association of a city or county in another state?" The state registration bills in most states have made provisions for transferring registered nurses, but that is not for the members of the association.

"Can an average nurse be properly trained in two years?" That does not need much discussion.

"What causes so much unhappiness and discontent among nurses?"

"What constitutes a Charter Member of the Associated Alumnae?"

MISS SWEENEY.—I suggest that when a nurse goes to another city, she get a letter from her alumnae society, and present it to the secretary of the other state society. That will prevent a great deal of trouble.

MISS DAVIS.—Madam president, I want to make my annual plea for THE AMERICAN JOURNAL OF NURSING.

Does every member of this society take the JOURNAL? Does every member of an alumnae society even, take it?

I will put it down to those owning stock, how do you expect the JOURNAL to be kept up, if you do not take it? When it comes into your possession and under your control, what are you going to do to increase the subscription list? Isn't it about time for you to begin to think of this? This JOURNAL is yours. Have you any responsibility in the matter?

THE PRESIDENT.—We would all like to hear now the report of the committee on pledges for the Hospital Economics course, if they are prepared to present it.

MISS DEANS.—Roughly estimating, it amounts to six thousand seven hundred and sixty-six dollars, which includes the amount pledged by the Superintendents' Association, the Baltimore City Nurses, and the Michigan State Nurses' Associations.

THE PRESIDENT.—Our by-laws require a nominating committee to be appointed at this meeting to prepare a list for next year; the Chair has to appoint two, and three have to be appointed from the floor. The Chair appoints Mrs. Fournier, of Indiana; and Miss Dorothea McDonald, from Brooklyn. I will receive three names from the floor.

Misses Nedwill, Hay, and Durkee, were nominated from the floor.

THE PRESIDENT.—Do those names meet with your approval? If so, they stand appointed.

I now call for the report of the Committee on Resolutions.

Miss Eldredge then read the report of the Committee on Resolutions as follows:

The committee on resolutions takes pleasure in presenting the following report: Resolved, that we extend a vote of thanks to the nurses of Richmond, the nurses of Virginia, and especially to the nurses of the local committee for their most cordial reception and entertainment; to the managers of the Memorial Hospital and St. Luke's Hospital for their hospitality; to Mr. Patterson for his kindness in arranging for the nurses to visit the tobacco factories; to the Jefferson Hotel for the use of the auditorium and other privileges extended; and to the local press for its reports.

Whereas, notification has been received of the death at Harper Hospital, Detroit, on February 26, 1907, of Miss M. E. Smith, a charter member and former director of the Nurses' Associated Alumnae, and one of the drafters of the Michigan bill, be it resolved that in the death of Miss Smith both the association and the nursing world have sustained an irreparable loss.

Whereas, the International Council of Nurses is to assemble at Paris, be it resolved that the Nurses' Associated Alumnae of the United States, convening at Richmond, Virginia, send greeting and best wishes for the success of the conference.

Respectfully submitted,

ADDIE ELDREDGE, Chairman.

On motion duly seconded, the report of the Committee on Resolutions was accepted.

MISS PALMER.—Madam president, you referred in your annual address to the Red Cross. I think there must be someone here who can tell us something about the Red Cross work.

THE PRESIDENT.—We really should have some action in regard to it. We will be very glad to hear from anyone who will speak on it.

MISS NEVINS.—Madam president, I am very sorry I am not in a position

to add anything further in regard to the work of the Red Cross. There is a great deal of interest about it among the nurses everywhere.

The main point is this, that the Red Cross should represent the best nurses in this country, and they are taking great pains to have on their committees the most representative nurses, and those who will take the most pains to have the best nurses to represent the Red Cross.

MISS SWEENEY.—Madam president, I will say that the San Francisco nurses have in a body joined the Red Cross Society.

THE PRESIDENT.—Will you explain what steps you took to affiliate with the Red Cross?

MISS SWEENEY.—The California branch of the Red Cross Society asked our nurses to join after the disaster of last year, we to guarantee to furnish a certain number of nurses; it is not compulsory, no person is compelled to go, but the society will send a certain number, and we joined in that way, as a body.

THE PRESIDENT.—Mrs. Robb, can you tell what is being done in Ohio?

MRS. ROBB.—In the Cleveland branch, a committee was appointed with a view to making them head nurses, to do executive work, and give them assistants to do it.

The nurses associated with them we thought to draw from our state association.

The matter has not been placed before our state association yet. We have just completed a list of names.

The nurses have to enter into an agreement to give their services to the Red Cross when they are called upon.

We shall simply ask the members of the state association of Ohio to pledge themselves to serve the Government during a time of calamity, but we have not placed it before them yet.

MISS PALMER.—Madam president, I would like to say in this connection that it has been decided that we shall open a department for the Red Cross nurse in the JOURNAL. We want all the women particularly interested in the Red Cross work to send in reports of what is being done in the different states, with lists of the enrolled members, as soon as possible.

A MEMBER.—Can we offer our services to the Red Cross as a body?

THE PRESIDENT.—I think we can hardly offer as a body when the work is to be done by individuals. Each individual nurse of course can offer her services, but as to taking action for the individual members, as an association we cannot act in an individual capacity, and we cannot bind our individual nurses who are not here; they would each have to be accepted for service. We can all help in the work and all enroll if we are eligible. We can follow the same plan that has been followed in some states. In New York State we are making an effort to enlist nurses. Do you know anything about that, Miss Palmer.

MISS PALMER.—The state has a committee on nursing, which is a board, composed of lay women and nursing women; Miss Maxwell and myself are two, the other members have changed very recently and I am not able to give you their names. There are requirements for enrolling, they have been published in the JOURNAL. The first is that nurses must be registered and must be in sound health and must be ready to serve any reasonable time if called upon, and the recommendations and requirements of character are supposed to be of the

highest. the idea being that the nurses enrolled in the Red Cross shall represent the very highest type of women we have in the profession, and we are cautioned to be very particular and very exacting in regard to the women enrolled. We give a little pin which the nurses wear, and at the time they are on duty they must wear the arm band of the Red Cross. I think not a very great number of nurses in New York State have been enrolled yet, but during next year I think we may do a little more.

MISS NEVINS.—Madam president, I have just one thing to bring before you. At the superintendents' meeting an old subject which has been discussed many, many times was made the subject of a paper, and a very excellent paper it was too, a careful résumé of the subject of nursing of people of moderate means. At the conclusion of that paper and after the discussion, a committee was appointed by the Superintendents' Society, which extends an invitation to this society to name two members of that committee to present a report at the next meeting of the Superintendents' Association.

THE PRESIDENT.—The Superintendents will certainly have to go to San Francisco, if we are going to be bound up with them in so many committee reports which we cannot receive unless they are at San Francisco.

On motion, duly seconded, the president was instructed to appoint two members of the committee.

THE PRESIDENT.—The committee will be announced later.

MRS. ROBB.—Madam president, there was a suggestion made about the nurses having representation on the training-school boards; I don't think there was any action taken upon that.

MISS AHRENS.—What is the best method for the nurses to adopt in approaching the Boards of Training-school Managers?

MISS HARTMAN.—Would it be wise for the associated *alumnæ* to recommend this, so that the associations connected with the associated *alumnæ* can refer it to their boards and say, "The Associated *Alumnæ* recommend this"? I will make that as a motion.

MISS PALMER.—I have noticed, greatly to my surprise, that some things get about very quickly among Boards of Managers. If they don't know each other personally they must correspond back and forth. They sometimes send around circular letters. And it seems to me that if we frame an official, dignified request from the *alumnæ* associations for representation on those boards, it would have quite a serious effect. I believe they would consider it because the requests would all be on the same terms, and would be received about the same time.

Miss Hartman's motion was then put to vote and adopted.

THE PRESIDENT.—I now call for the report of the inspectors of election.

Mrs. Gretter read the report, as follows:

MADAM CHAIRMAN: Your committee begs leave to report to you the following result of the election. *For officers:* president, Miss Damer; first vice-president, Miss Cooke; second vice-president, Miss Cabaniss; secretary, Miss DeWitt; treasurer, Miss Davids.

For directors: Miss McIsaac, Miss Alline.

Respectfully submitted,

L. E. GRETTTER, Chairman.

The new officers were then introduced from the platform, and accepted their election.

On motion, duly seconded, Miss S. E. Sly was reelected Inter-state Secretary.

On motion, the thanks of the association were extended to Miss Casey by a rising vote for her services as secretary for the last two years.

The Association then adjourned, to meet in San Francisco, California, in 1908.

A text-book on Primary Nursing Technique by Miss Isabel McIsaac, late superintendent of the Illinois Training-school, is announced for September 1st.

In this book Miss McIsaac deals exclusively with nursing methods and technique, and it is intended for the instruction of first year students, dealing with the everyday practical details which crowd upon the beginner from the first hour of her entrance into the school.

Miss McIsaac was one of the pioneers in introducing nurses' clinics. With her gift as a writer, and after seventeen years' experience as a teacher in one of the largest and best known schools of the country, she is peculiarly fitted to present practical nursing methods in form suitable for class-room instruction.